STATES OF GUERNSEY
BOARD OF HEALTH

75th
ANNUAL REPORT
of the
Medical Officer of Health

REPORT FOR
THE YEAR 1973

Report of the Medical Officer of Health for 1973

Lukis House,
Grange,
Guernsey.
October 1974

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1973.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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CAIN, Mr. H. J.	Administrative Assistant to Public Health Dept.	1. 8.70
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EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46
WILTSHIRE, Mr. S. B. W.	M.A.P.H.I. Public Health Inspector	1.2.71
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SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert.	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert.	1. 4.70
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CLEMENTS, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	15. 1.73
School Nurses		
SMITH, Mrs. S.	S.R.N.	14.2.72
ROLAND, Mrs. J.	S.R.N., S.C.M.	1.3.72

INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown, are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 25.1 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS
1973

Sunshine:

Guernsey—L'Ancresse	2001.1 total hours	Average (8 years) 1894.8
—Airport	1868.7 total hours	Average (50 years) 1851.9
British Isles—highest total		
Jersey—St. Helier	2002.8	
Sunless days—Guernsey	48	Average (50 years) 59

Rainfall:

Total inches 1973	25.31	Average (50 years)	35.54
Rain days 1973	149	Average (50 years)	182

Temperature:

	°C.	°F.
Yearly mean	10.4	50.7
Average 50 years	10.7	51.2
Mean daily range	4.6	8.4
Average 50 years	4.8	8.6

Wind:	Calm	N	NE	E	SE	S	SW	W	NW	
Days in the year	17	41	30	56	25	31	36	77	52	= 365
%	4.66	11.23	8.22	15.34	6.85	8.49	9.86	21.10	14.25	= 100%

Vital Statistics—Guernsey only—1973

Population estimate—mid-year—residents 50,552
Area ... ... 16,062 acres
Population density $\frac{50552}{16062}$ ... ... 3.147 per acre

Number			Rate 1973	Rate 1972	Mean of 5 years 1968-1972	Highest in 5 years 1968-1972	Lowest in 5 years 1968-1972	England (& Wales) Rate 1973 where available	England (& Wales) Rate 1972	England (& Wales) Mean of past five published figures
Deaths (total)	595	per 1000 resident population								
		Crude	11.77	11.53	13.05	14.20	11.53	11.9†	12.1	11.8
		** Corrected	10.71	10.49						
Cancer mortality (all forms)	129	„ „	2.55	2.62	2.56	3.02	1.86	2.4	2.4	2.4
Lung cancer mortality	32	„ „	0.63	0.74	0.58	0.79	0.41	0.65†	0.64	0.64
Tuberculosis mortality	—	„ „	0.00	0.02	0.03	0.08	0.00	0.03†	0.03	0.03
Live births (legitimate and illegitimate)	652	„ „	12.90	15.81	16.35	17.91	15.55	13.8†	14.8	15.4
Live births (illegitimate only)	45	„ live births	69.02	83.54	85.80	92.77	78.50	§	86.0	84.0
Stillbirths	8	„ total births (live and still)	12.12	8.78	11.13	15.38	8.74	11.8†	12.16	12.5
Infant mortality (deaths in first year of life)	11 *	„ live births	16.87	17.72	17.05	21.28	13.02	17.4†	17.29	17.8
Neonatal mortality	8	„ „	12.27	11.39	11.68	12.59	11.39	11.2†	11.5	11.7
Early neonatal mortality (deaths of infants under one week)	8	„ „	12.27	8.86	10.92	21.59	8.86	§	§	§
Perinatal mortality (still-births & deaths of infants under one week)	16	„ total births (live and still)	24.24	17.57	21.91	24.93	17.57	20.08†	21.7	22.34
Maternal mortality	—	„ „	0.00	0.00	0.00	0.00	0.00	0.13†	0.15	0.16

* In addition, there was the registration of the finding of a skeleton of an infant (sex undetermined).
**The correction is related to the particular age and sex distribution of the island. The comparability factor is 0.91.
† Provisional.
§ Not available.

"The heart of the wise, like a mirror, should reflect all objects without being sullied by any."

Confucius
C. 550—478 B.C.

General

This report for 1973 is the seventy-fifth of a series of Annual Health Reports, which commenced with the appointment of a Medical Officer of Health in 1899. A Special Committee had been appointed by the Royal Court in January of that year to report upon the causes of the epidemics of diphtheria and Scarletina which afflicted Guernsey in the final decade of the nineteenth century. Of the three principal recommendations of that Committee one was that the Island should obtain "... the services of a qualified Medical Officer of Health, say, for a period of three years ..." Even if that august Committee may now be thought to have been rather over-optimistic, I hope that the wisdom of its members is not in question.

Three quarters of a century—too long a period to be summarised within the scope of this report, but the temptation to look back is irresistible. Perhaps I may be forgiven for including extracts from past Annual Health Reports, for I believe they may interest some readers as much as they interest me. I may not lay any claim to being an historian, but I can safely record the contemporary comments of my predecessors as a more vivid account of some of the past circumstances of the Island's population than any I could write.

As elsewhere, the most significant differences between the years 1899 and 1973 are to be found in the incidence of infectious diseases. In 1899 there were 121 cases of diphtheria as against 122 the year before. 1899 was a dry year—

> "... one of a series in which there has been deficient rainfall, and, as often happens with such periods of prolonged relative drought, diphtheria has advanced, both in extent and severity."

Notification of diphtheria had been in force in Guernsey since 1895. Prior to that the only information available is from returns of deaths.

> "The year 1894 was marked by an outburst of diphtheria in St. Martin's, in connexion with one of the schools; which must have been of malignant type. 14 deaths resulted, 7 were registered as diphtheria, 6 as croup (though there are no other deaths registered from that disease from any other part of the island during that year) and one as membranous croup."

Of the 121 cases of diphtheria in 1899 23 died, almost all in the months of April to September. Dr. John Brownlee M.D., D.P.H. who wrote the report for that year (the first of the series and the only one he was to write) observes:

> "But a large factor in the spread of the disease has been the very inefficient isolation practised. In many places no attempt has been made to observe the ordinary precautions, and especially with regard to scarlet fever the carelessness has been most culpable. With a rural population, who largely disbelieve both in infectious disease itself as well as in the possibility of combating it, removal to hospital offers the only guarantee that isolation will be effective.

Infectious disease has been introduced into the Island in four instances during the past year, scarlet fever three times, and diphtheria once."

For the moment, so much for the origins of the appointment of Medical Officer of Health for Guernsey. Coming to the present day, 1973 saw the long-awaited amendment to the Notifiable Diseases Articles of the Public Health Ordinance. The Public Health (Amendment) Ordinance 1973 received the approval of the States in April and came into operation in July. Apart from amending the list of notifiable diseases to accord more closely with those already notifiable in the United Kingdom, the 1973 Ordinance summarised and extended the powers of the Medical Officer of Health in relation to known or suspected infectious disease particularly when it occurs among persons employed in the food handling trades. This part of the Ordinance relates to the functioning of the Food and Drugs (Guernsey) Law, 1970 and, in some degree, anticipates subordinate legislation relating to that law but yet to come into operation.

As such this 1973 Public Health (Amendment) Ordinance is a welcome and essential instrument towards the better control of most common communicable diseases. In an island which attracts a larger number of tourists and visitors each year, food handling standards can never be too high. A good reputation for hospitality can swiftly suffer if insufficient attention is paid to the transport, storage, preparation, presentation and quality of the food we offer our guests. We cannot but gain ourselves, whether the season be good or bad. Those food concerns which are fastidious in their attention to good food hygiene deserve the support of legislation which can lean on those of lesser achievement in this important sphere.

April 1973 also saw the 'smallpox scare' arising from the unexpected and unusual occurrence of a primary case in London and the tragic deaths of two secondary cases. London thereby was, for a time, designated a smallpox infected area and many hundreds of travellers found themselves in queues for vaccination. At one time it almost seemed as if one half of the Island's population was returning from the capital city while the other half was travelling to it. In the event 946 persons attended at Lukis House for vaccination and of those attending at doctors' surgeries 204 registered their certificates at the Health Department. The total of 1,150 known vaccinations is considered to be under-recorded.

The groundwork of the environmental health team is dealt with in greater detail in the report of the Chief Public Health Inspector later in this report, but one unusual event prompts me to comment here and this was the closure of a farm. Due to the failing ability of the widowed tenant, standards of animal husbandry had fallen to such an extent that closure was the only solution. This was done on the recommendation of the States Veterinary Officer in whose judgment closure was necessary, but it fell to the Health Department to execute the law. One hopes never to have to execute it again, but the means are there should need arise or the occasion demand. The good farmer has nothing to fear, indeed he can take comfort from the fact that the high standards he strives to achieve do not go unrecognised.

The end of the year saw the end of a long and happy partnership. Dr. Derek Bell, who has acted as Deputy Medical Officer of Health for Alderney since June 1st 1951, (for sixteen of these years he was the only doctor practising in that

island) found himself able to retire at last. In that time he has seen several Guernsey M.O.H.s come and go and to each he gave unstinted loyalty; by each he was regarded with affection and respect. His sprightly wit, ever a delight whatever the conversation, enabled him to exercise a balance and perspective often much needed 'at the end of the line'. In company with a large number of people I have many reasons for being grateful to him, but more than that, I have enjoyed the privilege of knowing him.

His final Health Report for Alderney is published herewith.

ANNUAL HEALTH REPORT
ALDERNEY 1973

Infectious Diseases

There were no epidemics of infectious diseases during the year.

During the latter two months a number of cases were reported, in particular among school children, of abdominal pain, vomiting and diarrhoea. These attacks did not last more than twenty-four hours.

Notifiable Diseases

Measles	1
German measles	3
Chickenpox	4
Mumps	1
Herpes Zoster	1

Births

There were twenty births in the year. Thirteen of these were delivered in Alderney, six in Guernsey and one in Jersey.

Deaths

There were twenty-four deaths during the year. The causes were:

Carcinoma of lung	2
Carcinoma of breast	1
Carcinoma of peritoneum	1
Carcinoma of rectum	1
Carcinoma of ovary	1
Ischaemic heart disease	2
Myocardial degeneration	3
Coronary occlusion	3
Asphyxia (epilepsy)	1
Congestive heart failure	1
Dissecting aneurism of aorta	1
Lobar pneumonia	2
Leiomyo sarcoma of uterus	1
Cerebral thrombosis	1
Cerebral haemorrhage	1
Burns	1
Suicide by phenobarbiturate poisoning	1

Sanitary Improvements

No sanitary improvements were carried out. The lower road drainage and the outflow at Crabbie Beach remain unaltered.

Twenty-two new housing units were completed during the year. Of these nineteen were connected to the main drain and three to tight cesspits.

Mr. Edwards, Health Inspector, visited the island in March, June, September and December.

Population Statistics

The estimated mid-year resident population for Guernsey, Herm and Jethou for 1973 is 50,552, being 24,303 males and 26,249 females. This represents a population density of the order of 3 persons per acre, or about 2,000 to the square mile.

During 1973 there were 652 live births (the lowest number recorded in any year since the Occupation) and 595 deaths registered among the resident population. Thus, despite the low number of live births there was still a natural increase of population by the end of the year of 57—also the lowest since the Occupation. It is 102 less than the average annual natural increase for the years 1968-72 inclusive (159.4).

One can too hastily interpret a single year's figures as a trend. Many readers will be familiar with my device of comparing five-year averages as a means of ironing out the swings for any given statistic in a small population. It is, perhaps, appropriate to do just this, for the past 25 years, not only for the average annual natural increase, but also for the average annual live births for the same 5 year periods. Whereas the natural increase would seem to be declining in recent years, the average of annual births remains more constant. These figures should be considered against a 15.7% increase in total population over the whole 25 year period, which is not necessarily the same as the increase in the population of women of child-bearing age—a more valid comparison in an estimation of fertility. However, this latter has not been calculated.

Table

5 year averages compared—1948-1972 inclusive.

(*a*) Average annual natural increase in population.

(*b*) Average annual total of live births.

	Natural population increase			Total of live births		
5 year period	Average for 5 yrs.	Highest in 5 yrs.	Lowest in 5 yrs.	Average for 5 yrs.	Highest in 5 yrs.	Lowest in 5 yrs.
1948-1952	305.6	425 (1948)	265 (1951)	784.4	870 (1948)	736 (1952)
1953-1957	225.2	271 (1953)	197 (1954)	701.8	727 (1953)	667 (1955)
1958-1962	225.0	278 (1960)	188 (1961)	749.8	797 (1962)	709 (1959)
1963-1967	262.0	351 (1964)	195 (1967)	814.0	891 (1964)	741 (1967)
1968-1972	159.4	214 (1972)	96 (1968)	786.8	830 (1969)	752 (1968)
1973		57			652	

Certainly the 1973 figures for both these qualities are low, the lowest on record in 25 years after all, but I think it is likely that they will be balanced by higher figures in the next year or three. If there is a downward trend it is not as steep as 1973 figures alone might suggest, as an examination of the table above will confirm. A complex of factors decides population growth and even the apparently simpler matter of annual live births cannot be dismissed as due to any single factor—operating either to decrease or increase deliveries. If there is a downward trend, then, the evidence of succeeding years must be awaited to prove its rate.

Looking back once again:

	Estimated population	Total live births	Total deaths	Natural increase	Year
75 years ago	37,572	1,161	700	461	1898
50 „ „	38,200	794	543	251	1923
25 „ „	43,179	870	445	425	1948
1973	50,552	652	595	57	1973

The infant mortality rate (deaths under 1 year of age) for the years 1897-98 for the whole island was 173 per thousand live births. Thus, of the 1,161 children born in 1878 probably two hundred never lived to see their first birthday.

If we apply the average infant mortality rate for the years 1968-72, which is 17.05 per 1,000 live births, then of the 652 children born in 1973, 641 can look forward to their first birthday and a healthy first year of life.

At the end of the last century your chances of survival depended to a considerable degree upon where you were born. The following is taken from the first Annual Health Report, in which the writer compared the infant mortality rates for various parishes for the years 1897-98. It also mattered whether you were a girl or a boy, the advantage being strongly in favour of the girls, except in the western parishes.

Year 1897-8

Parish	Infant mortality rate per 1,000 live births		
	Male	Female	Both sexes
St. Peter Port	193	164	179
St. Sampson, Vale and Câtel	231	155	192
St. Saviour, St. Pierre du Bois, Torteval and Forest	165	193	179
St. Martin and St. Andrew	136	102	120
Whole island	190	156	173

(Note: The above table has been extracted from the table on page 10 of the first Annual Health Report of the Medical Officer of Health to the Board of Health of Guernsey.

The rates have been recalculated to the nearest whole number from the basic information on the numbers of births and infant deaths for each parish or group of parishes supplied in that table.)

Marriages

There were 417 marriages registered in 1973, twenty fewer than in 1972, which was itself a year of fewer marriages than the average. For 1973 then the rate is 8.25 marriages per 1,000 population, whereas the rate in 1972 was 8.75 and for the five years before that 9.36.

Looking back:

The earliest record in Annual Health Reports is for 1900. Dr. E. Stanley Hoare, then M.O.H., writes:

"

Marriages

As regards marriages, I have not been able to obtain a complete record. I trust the improvements in registration which are in progress will enable me to remedy this omission in future reports. Eighty marriages were registered at the Greffe in 1900, but these do not include those solemnised at the English and Roman Catholic Churches".

Fifty years ago Dr. Henry Draper Bishop, M.O.H., records:

"There were 316 marriages in 1923, equal to a rate of 16.5 per 1,000. Of these 169 took place in Church of England, 39 in Non-Conformist and 33 in Roman Catholic Churches. Seventy-five were at the Greffe Office.

The average number of marriages during the past five years was 296. The three post-war years gave high figures, an average of 328.

The marriage rate has dropped 22 per cent in London since 1920, and in France in the same period the number of marriages has declined from 624,000 to 356,500".

Twenty-five years ago Dr. Rowan Revell M.D. writes of marriages in 1948 only that:

"There were 375 marriages, a rate of 8.7 per 1,000".

which is very close to the rate for 1972 (8.74) twenty-four years later. 1948 was, of course, the second full year following the German Occupation: the population had recovered from an estimated 22,408 in 1944 to 43,179 in 1948. Twenty-four peaceful years later the population had risen to an estimated 49,972, but the marriage rate was the same for both years and a little over a half of the rate in 1923, five years after the end of World War I.

Births

(Figures in brackets refer to 1972)

The 652 (790) live births in 1973 give a rate of 12.90 (15.81) per 1,000 population. The mean annual birth rate for the preceding five years is 16.35 per 1,000 population.

Of all live births in 1973 there were 45 (66) illegitimate births, a rate of 69.02 (83.54) per 1,000 live births. The mean of this rate for the preceding five years (1968-72) is 85.8. In 1973, therefore, the illegitimacy rate fell sharply, by more than 19 per cent of the five-year average.

Eight (7) stillbirths were recorded in 1973, a rate of 12.12 (8.78) per 1,000 births both live and still. The mean of this rate for the preceding five years is 11.13.

Looking back:

> "Of the 1,011 births registered during the year (1900) 32 were illegitimate and of these 13 were assigned to the Town."

So wrote Dr. Stanley Hoare, but his successor writing of 1907 had this to say:

> "The number of births registered during 1907 was 1,068 of which number 543 were males and 525 females, a rate of 24.75 per 1,000. The average for the preceding ten years was 27.7 and this is the lowest figure on record, a statement which will be probably repeated in every succeeding annual report.
>
> The illegitimate birth rate is 2.5, and the number recorded at the Greffe Office 27.
>
> My attention has been called by a local medical man to the previous figures of illegitimacy given, which he produced evidence to shew were considerably below the actual amount and that illegitimate births were registered as legitimate ones.
>
> The Board of Health having considered the matter called the attention of the Crown Officers and the Greffier to this statement which seemed a well authenticated one".

At this time the period allowed by Guernsey law for the registration of a birth was 30 days after the date of birth and thus a mother, if she wished, could move before this period had elapsed and thus escape the necessity of registering the birth of her child. In 1907, in England, where the period allowed for registration had been 42 days, the law was changed to demand notification within 36 hours.

However, if Guernsey had not moved so swiftly in that particular context, 1907 saw the compulsory registration of stillbirths, commencing on April 1st that year

> ... "and a medical certificate of this fact must be forthcoming or an inquest held in every case ...
>
> There is no statute to this effect in England, or so far as I am aware in any other country, so Guernsey has in introducing such a measure shewn a good example for other communities to follow".

In 1923:

> "The births numbered 795—males, 418 and females 376—equal to a rate of 20.8 per 1,000. The average rate for the previous ten years was 19.4 and for the years 1903-1912, 25.4. Stillbirths numbered 31, and illegitimate births 36, percentages to the total births of 3.9 and 4.5 respectively".

In 1948:

> "There were 870 live births males 438, females 432, a rate of 20.2 per 1,000. Stillbirths numbered 21, a rate of 24.2 per 1,000 live births, illegitimate births were 44, a percentage of 5.1 of total live births".

Deaths

Following the practice commenced last year deaths occurring among residents and among non-residents are tabulated separately. Of 622 (613) total deaths recorded 27 (37) occurred among non-resident persons: there were thus 595 deaths among residents during 1973 and proportions of total deaths are expressed as proportions of 595 and not of the larger figure.

595 deaths give a crude death rate of 11.77 (11.53). Applying the comparability factor of 0.91 (a factor which endeavours to take into account the age and sex distribution of the island's population as compared with a 'standard' population) the corrected death rate for 1973 is 10.71 (10.49 in 1972). The provisional rate for England and Wales in 1973 is published as 11.9 per 1,000 population.

Year	*Population*	*Deaths*	*Crude Death Rate*
1898	37,572	700	18.6 per 1,000
1923	38,200	543 (resident deaths)	14.2 ,,
1948	43,179	445	10.3 ,,
1973	50,552	595 (resident deaths)	11.8 ,,

Infant Mortality

There were 11 (14) infant deaths in 1973 giving a rate of 16.87 (17.72) per 1,000 live births.

A twelfth infant death was registered during 1973 but is not included in the calculations of rates relating to infant mortality. The registration related to a skeleton found during demolition in a part of St. Peter Port. While it was possible to place the age of the skeleton as belonging to an infant under one year of age, it was not possible to determine the sex of the child or to decide whether or not it had been stillborn. Furthermore no accurate indication could be gauged as to how long the skeleton had remained undisturbed before its discovery. The registration, therefore, is assigned to the date of discovery, since the date of birth remains unknown. It would be quite misleading to include this registration in infant mortality figures relating to 1973.

Neonatal Deaths

Of the 11 (14) infant deaths 8 (9) occurred in the first four weeks of life, giving a neonatal mortality of 12.27 (11.39) per 1,000 live births. All 8 neonatal deaths in 1973 occurred in the first week of life giving, therefore, an early neonatal mortality of 12.27 (8.86) per 1,000 live births.

Perinatal Deaths

Perinatal deaths (stillbirths plus early neonatal deaths) were therefore 16 (14) in 1973 giving a perinatal mortality rate of 24.24 (17.57) per 1,000 total births both live and still. This is above the average of this rate for the past five years, 21.91, but less than the highest of those years, 24.93. The rate for 1972 was, in fact, the lowest of the past five years.

Maternal Mortality

There were no maternal deaths in 1973 for the fifth year running.

(Note: the above information relating to births and deaths and certain rates is tabulated at the beginning of this report and the reader wishing to clarify his mind on comparisons and trends may find the table the easiest means of doing so.)

Looking back:

As has already been mentioned earlier, the infant mortality ratio nowadays is about a tenth of what it was seventy-five years ago. One can compare deaths in the first year of life throughout the whole period, but the early neonatal and perinatal mortality ratios are comparatively modern measurements and cannot easily be calculated for earlier years. To do so would mean a search of death records for any given year in order to determine those infant deaths occurring within the first week of life thus disclosing the early neonatal ratio, and adding these deaths to stillbirths to determine the perinatal ratio. Time has not allowed of so painstaking a procedure, but the immaculately kept records of the Greffe Office contain this information for whoever sets himself the task of disclosing it.

The infant mortality ratio gives proof enough of change for the better as the years unroll. The earliest Annual Health Reports compare one parish with another for many vital statistics and one comes across this comment in the Report for 1900.

> "... a comparison can be made of the Birth-rates, Death-rates and Infantile Mortality of the different parishes. Dealing with the four largest parishes, it is interesting to note that the Death-rate is lowest in St. Sampson's although that parish furnishes the highest Infantile Mortality. The exact figures are as follows:

Average of ten years 1890-1899

	St. Peter Port	*St. Sampson's*	*The Vale*	*St. Martin's*
Birth-rate	28.28	34.89	37.35	30.90
Death-rate	19.00	15.91	18.07	17.45
Infantile Mortality	140.2	157.9	148.4	117.6"

Records are so classified that similar comparisons could be made from present day registrations, but the usefulness of the exercise is probably not worth the labour involved.

In 1923 Dr. Henry Draper Bishop M.D. reported on this subject:

"Infantile Mortality

> The number of children who died under the age of 1 year was 58, a rate of 73 per 1,000 births. This I believe to be the lowest rate ever registered in Guernsey. For the years 1903-1912 it was 130, a very considerable difference".

and later, under the same heading:

> "Of the 58 deaths, 25 or 43 per cent of the total took place during the first month of life".

So since there were 795 live births in that year we know that the neonatal death rate was 31.5 per 1,000 live births.

In 1948:

> "There were 17 deaths under 1 year of age giving a rate of 19.5 per 1,000 live births".

and in a table we find the neonatal death rate recorded for the first time for several years; it was 12.5 per 1,000 live births, almost the same as for 1973.

The causes of death to infants have, of course, varied considerably, but prematurity—variously described—is a common factor right through. The information was too vague in the earliest Reports for there was no proper death certification. In the words of Dr. Hoare (1900):

> "As the death returns are now made, it is impossible to discover whether or not the information as to the cause of death originally came from a medical practitioner. Doubtless in many cases returned under these headings the information has merely been furnished by a relative or person nursing the deceased".

It is a fact that the responsibility for notification of death fell to the head of the household and no medical certificate in support of the cause of death stated was required. Nevertheless, of the 145 infant deaths occurring in 1900 premature birth accounted for 13 and 'debility at birth' a further 11: 'marasmus' was credited with 16 although 'convulsions' tops the list with 38 infant deaths. Second comes 'diarrhoea'—20, with 'bronchitis' and 'broncho pneumonia' claiming a further 23. 8 were ascribed to tuberculosis, chiefly phthisis and a further 4 to 'influenza'.

In 1923 premature birth and 'debility at birth' accounted for 14 of the 58 infant deaths—almost a quarter. 'Convulsions' claimed 11 and bronchitis and pneumonia 10. 'Marasmus' was given as the cause of 8 infant deaths, but tuberculosis claimed only one.

25 (43%) of these 1923 infant deaths occurred in the first month of life, a neonatal mortality rate therefore of 31.5 per 1,000 live births, and 15 (26%) occurred in the first week of life, giving an early neonatal rate of 18.9 per 1,000 live births, although this ratio was not used so long ago. Adding to the 15 early neonatal deaths the 31 stillbirths occurring in that year we can see that the perinatal death rate was 55.7 per 1,000 total births (live and still).

Thanks to Dr. Bishop's detailed tables we can compare these four rates across fifty years. Taking the 1973 ratios for these four qualities as 100, the comparison may be demonstrated thus:

Rate	1973	1923
Infant mortality	100	432
Neonatal mortality	100	256
Early neonatal mortality	100	154
Perinatal mortality	100	230

In other words, fifty years ago the infant mortality was almost four and a half times the 1973 rate, neonatal mortality two and a half times, early neonatal mortality one and a half times and perinatal mortality almost two and a half times the present day rates.

By 1948 Dr. Revell was able to record the lowest infant mortality on record (up to and including that year) of 19.5 per 1,000 live births. Unfortunately he did

not include in his Report for that year any information from which the early neonatal and perinatal ratios can be calculated. He does, however, record the neonatal mortality rate as 12.5 per 1,000 and that, of the 17 infant deaths 5 are ascribed to prematurity whereas no other cause is credited with more than a single fatality.

It has been said that the health of the expectant mother and then of the nursing mother and her child is the keystone of the arch upon which the health of a population depends. Maternal and child welfare is important. There are no grounds for believing that even today's figures cannot be improved upon, although that is no reason why we should not take pride in the past achievements which have reduced maternal and infant mortality to today's low figures. It is probable that new knowledge will be required to reduce them still further, for the level of skill and care is not in question.

Cremations

There were 210 cremations during the year (including 4 from elsewhere). In 1972 the corresponding figures were 217 (4) and in 1971 217 (5). There has thus been a net decrease of 7 from last year which was the highest figure so far recorded. The 210 elections for cremation represent one third of all deaths recorded in 1973, resident and non-resident.

Since the past is receiving so much attention in this Report, it is, perhaps, apposite to mention that Guernsey's Crematorium was only the nineteenth to be built in Great Britain following the passage of the fiercely controversial Cremation Act of 1902. Guernsey was quicker to act than many a larger community, building our Crematorium ahead of, for instance, Edinburgh, Southampton, Plymouth, Norwich and Oxford to name but a few. The work was completed in November 1929 at a cost of £3,150, not including £200 spent in laying out the Garden of Rest. At the same time £3,600 was spent on the purchase and improvement of the Foulon Cemetery. The first cremation took place on 7th February 1930.

Mortality Experience

The pattern of mortality experience shows no dramatic changes from those of recent years. One half of all deaths are ascribed to diseases of the circulatory system and about one fifth to malignancy, or cancer. There has been a slight increase, about four per cent, in deaths registered as respiratory.

The following table summarises information relating to 'resident' deaths only.

Mortality experience 1973 (all ages).
(figures in brackets refer to 1972 and 1971).

	Deaths	*% of all deaths*
Group II Malignancy	129 (131 : 149)	21.7 (22.7 : 23.1)
Group VII Circulatory	308 (298 : 333)	51.8 (51.7 : 51.6)
Group VIII Respiratory	85 (58 : 61)	14.3 (10.1 : 9.4)
	522 (487 : 543)	87.7 (84.6 : 84.1)

At all ages in Group II and Group VIII there is little difference between the sexes so far as proportions of all deaths are concerned: males show the usual increase over females in deaths from circulatory diseases—of the order of 8.3% in 1973.

	Deaths		*% of all deaths*	
	M	*F*	*M*	*F*
Group II	65	64	21.0	22.5
Group VII	173	135	55.8	47.5
Group VIII	44	41	14.2	14.4
	282	240	91.0	84.5

It is when deaths at given age groups are compared that the chief differences between the mortality experience of men and women become apparent. The detail is summarised at Appendix IV and here an apology is due if the tabulation lacks the clarity of previous years. The Health Department is responsible for rendering certain statistical returns, concerning health principally, to the World Health Organisation of the United Nations. It has proved virtually impossible to relate the age-groupings which we normally use to those requested by W.H.O. without a re-examination of every record and recasting the entire table—in other words, doing the same work twice over. Bowing to the inevitable, therefore, Appendix IV is this year cast in the 5 year age groupings preferred by W.H.O. The detail may be better, but the broader picture is harder to perceive: with practice one can see the wood for the trees. On this first occasion I offer my apologies, but make no excuse for continuing these groupings for succeeding years.

It is in the age groups between 45 and 74 that the principal difference can be seen between the sexes in mortality from circulatory disease, as has been shown in previous Reports.

Group VII (Circulatory Diseases) 1973

Age group (years)	*Deaths* M	F	*Ratio* M : F	*% of all deaths in age groups* M	F
45-49	2 (5)	1 (3)	2 : 1	40.0	33.3
50-54	11 (17)	2 (6)	5.5 : 1	64.7	33.3
55-59	14 (19)	4 (13)	3.5 : 1	73.7	30.8
60-64	16 (32)	5 (23)	3.2 : 1	50.0	21.7
65-69	24 (43)	13 (31)	1.9 : 1	55.8	41.9
70-74	27 (43)	15 (28)	1.8 : 1	62.8	53.6
45-74	94 (159)	40 (104)	2.4 : 1	59.1	38.5

(Figures in brackets are total deaths in each age group, all causes).

By turning to Appendix III which details deaths by sex, age and certified cause, it will again be seen that ischaemic heart disease makes this difference. If my predecessors had to record the ravages of infections among infants and tuberculosis among adolescents and the twenty and thirty year olds, it is my lot to focus attention yet again upon the ravages of 'the heart attack' among men of middle age and over. The infant infections are rarities now and tuberculosis no longer slaughters the young in their prime of life. The answers have been found. In some way the answer must also be found to this excess of mortality

due to cardiac ischaemia among males. It may mean a change of habits, such as cigarette smoking and diet and exercise, it will certainly need a programme of health education to bring the facts home, but it also needs re-thinking and re-measurement, or in other words, research.

During 1973 the Guernsey Chest and Heart Association literally cemented its position by going into 'bricks and mortar' — an unassuming building close by the new extension to the Princess Elizabeth Hospital. Not only that, but the contributions of the Association are being translated into equipment—highly sophisticated equipment, as modern as tomorrow and of impressive quality—the sort of weaponry needed to beat this relentless enemy of cardiac ischaemia.

What the Chest and Heart Association will need soon are volunteers from whom to select those groups of persons, men and women, from which most can be learned by the testing this new equipment makes possible. The study of the origins of 'the heart attack' needs to include both the susceptible and controls, but who are the susceptible people? We know that men suffer from cardiac ischaemia more than women and at an earlier age; that is a start. But why do some men suffer a crippling attack in their mid-forties while others of their contemporaries survive them by twice that age and never suffer an attack at all? Can early warning signs be read so that an attack can be averted? These are among the questions which need answering and the Guernsey Chest and Heart Association has equipped itself to try to find the answers. I cannot believe that, when the Association is ready, it will lack the volunteers it will need to do the work it has equipped itself to do and which so urgently needs doing.

Malignant Disease

Deaths due to cancer, all forms, is only a little above the average for the five years 1968-72—129 (average 123.2). This represents a rate of 2.55 cancer deaths per 1,000 population, very much the norm of recent years. At Appendix VI it can be seen that Jersey's cancer experience in 1973 was almost precisely the same and that for England and Wales but little different.

Lung cancer deaths are a little above the average of the past five years 32 (average 28) but lower than the peak years of 1972 (37) and 1971 (39). Rates per million population show a substantial drop from those last two years 633 (740:790) and the 1973 Guernsey rate is lower than the same rate for England and Wales, which is published as 654 lung cancer deaths per million.

However, the Guernsey lung cancer rate for males is nearly five times that for females (1070:229 or 4.7 males deaths to each female death). In Jersey male lung cancer deaths are 2.2 times female deaths and in England and Wales the ratio is 4.5:1. In fact, lung cancer deaths among women in Guernsey are the lowest of all three, but one must remember that we are discussing here the top of the first division in the lung cancer league table, lest anyone should feel smug. More than half the incidence of lung cancer, probably nearly three quarters, is preventable or, in words of one syllable, three out of four need not have died from this cause. There is no lack of evidence to show that the cigarette smoker is the principal target for this insidious, savage disease. Will he never take cover?

It has been said before but apparently it must need repetition yet again. Cigarette smoking is the largest single factor responsible for preventable disease today. How can it be put more plainly? The lesson is taking an unconscionable time a-learning. Read this, from my predecessor's Report for 1908—65 years ago!

> "The law lately passed forbidding the sale of tobacco and cigarettes to persons under the age of 16 is a most beneficial one. How great is the damage done to young people by the abuse of cigarettes especially is clearly shewn by the following extract from the report of the Army Medical Department:
>
> 'In the years 1906-1907 no less than 30 per cent of the recruits examined for the Army were rejected on account of diseases of the heart,'"

and the report continues:

> "it is considered by many that the cigarette habit of recent years plays an important part in causing this more frequent occurrence of functional diseases of the heart. Average British recruits are on enlistment the youngest and in the poorest physical condition of those in any civilised army. Moreover they are nearly all confirmed cigarette smokers. They cannot stand work which will not injure well fed conscripts of 20 years of age. Still less can they face exercises which would do no harm to robust men".

Thus wrote Dr. Henry Draper Bishop in 1909. I salute you, old friend. We never met and yet we share a common cause across the years. Wish me the luck you lacked.

Non-resident deaths

Of the 27 visitors whose deaths are recorded in 1973 21 were men and only 6 women. Of the males 15 (or 71%) died from circulatory disease as did 5 (83%) of the females. There were three accidental deaths, all males.

Looking back:

To describe in fair detail the changing patterns of mortality in Guernsey over seventy-five years would take several times the volume of this report. Since I cannot, within the scope available, do justice to the whole I must needs select the shortest means of demonstrating what has happened in that time. To reflect upon what that little information implies, in terms of life expectancy, in terms of hope,—perhaps even in terms of a faith in a future by no means always upheld —is to begin to try to comprehend the agonies and the comforts of a time now out of reach. We think we have problems: t'was ever thus—only the perspective changes and it is always the foreground that receives the most attention.

It was the custom for the Medical Officer of Health to construct a table showing the percentage of deaths at different age periods. This has not been published for many years, but herewith the form of the table, brought up to date so that comparison may be more clearly seen.

Percentage Deaths at Different Age Periods

	Under 1 yr.	Age 1-5	Age 5-15	Age 15-25	Under 25	Age 25-65	Over 65	All ages
1900-1904	25.0	9.0	4.0	5.0	43.0	27.0	30.0	100
1923	10.6	3.9	4.0	5.0	23.5	27.0	49.5	100
1948	3.9	1.4	0.5	3.4	9.2	32.0	58.8	100
1973	1.8	0.5	0.5	0.7	3.5	21.5	75.0	100

In this table, if it be studied for a moment, lies the whole advance of the health of the population over the span of 70 years. At the turn of the century a quarter of all deaths occurred under 1 year of age, almost a fifth in the next 24 years of life, and less than one third after the age of 65. Gradually the burden of mortality shifts to the right—to old age, as it must—so that by 1973 three quarters of all deaths occur after the age of 65, or in other words 3 out of every 4 children born may expect to reach the age of 65 years. As this century began, 1 child in 4 never even reached the age of one year old, and 2 out of 3 persons had died by what we now regard as the commencement of pensionable age.

Tuberculosis lay in wait for those children who survived the first 10 years. Phthisis, or pulmonary tuberculosis, but one form of the disease, thrived in the damp and overcrowded houses of the end of the nineteenth century. Writing of the years leading up to his first report Dr. John Brownlee says:

> "Of the total deaths from all causes belonging to the following age periods, the deaths from, or ascribed to phthisis, constitute a large proportion.

Age period in years	Percentage of Deaths from Phthisis to total Deaths (* in each age group)
10-15	25 per cent
15-20	44 ,,
20-25	45 ,,
23-35	38 ,,

(*Annotation within the brackets added for greater clarity)."

Dr. Brownlee goes on:

> "Tuberculosis in only one of its manifestations accounts for 11 deaths out of every 100 occurring in the Island among persons over 5 years of age."

What a terrible toll from just one form of a single disease alone!

Well, in 1973 cardiac ischaemia accounts for 21 deaths out of every 100 occurring in the Island—period. What are we going to do about that?

1973 *Admissions to the King Edward VII Hospital*

	Admissions	*Deaths*
Geriatric	18	13
Pulmonary tuberculosis	5	—
Salmonellosis	1	—
Herpes zoster (shingles)	1	—
	—	—
	25	13
	—	—

Notifiable Infectious Diseases

As has already been mentioned, the Public Health (Amendment) Ordinance 1973 modified the list of notifiable infectious diseases and re-affirmed the principle of notification, which began in 1895.

Tabulated below are the notifications received during 1973. There is good reason to believe that the incidence of notifiable infections is seriously under-recorded.

Table of Notified Diseases 1973

	Total	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Meningitis	2	—	—	—	—	—	—	—	—	—	1	—	1
Inf. Jaundice	1	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet fever	1	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis	3	—	—	—	—	—	—	—	—	1	2	—	—
Whooping cough	1	—	—	—	—	—	—	—	—	—	—	1	—
	8	—	—	—	—	—	—	—	—	1	3	1	3

Accidental Poisoning of Children

Based upon information supplied from the Princess Elizabeth Hospital, 39 children were admitted because of accidental poisoning during 1973, the same total number as during the preceding year. In 1973 21 were boys and 18 were girls, whereas in 1972 there were 24 boys and 15 girls. Again the same age-group is involved, the youngest being aged only four months and the eldest being just 5 years old.

Altogether 26 (2 out of 3) children had swallowed tablets of various kinds, 3 were poisoned by berries and 3 had swallowed liquid medicines within their reach. Of the remaining seven cases one each had chosen incense, oil, paint stripper, petrol, hair lacquer, camphorated oil and woodworm killer—a fairly representative selection of the hazards to which an inquisitive child may, all unwittingly, be exposed.

No case proved fatal.

Month	1972				1973			
	M	F	Monthly Total	Quarterly Total & to date	M	F	Monthly Total	Quarterly Total & to date
Jan	1	—	1		1	—	1	
Feb	—	—	—		1	2	3	
Mar	3	1	4	5/5	—	3	3	7/7
April	3	2	5		5	2	7	
May	3	2	5		1	4	5	
June	1	1	2	12/17	2	3	5	17/24
July	5	1	6		—	—	—	
Aug	3	2	5		3	2	5	
Sept	2	2	4	15/32	—	1	1	6/30
Oct	1	3	4		2	1	3	
Nov	1	1	2		4	—	4	
Dec	1	—	1	7/39	2	—	2	9/39
Totals	24	15	39		21	18	39	

Based on Hospital return only.

The Sexually Transmitted Diseases

Dr. Strickland's report on the male section of the Special Treatment Clinic reads:

"Although the overall figures for 1973 are an improvement on those of 1972, if studied, however, they reveal that more local people have contracted sexually transmitted diseases from other local people than in any previous year. For example:

No. of cases of gonorrhoea contracted locally in 1973 = 36
in 1972 = 28

No. of cases of non-specific venereal conditions contracted locally in 1973 = 87
in 1972 = 56

This is an increase of eight cases (28.6%) of gonorrhoea and thirty-one cases (55.4%) of non-specific venereal conditions, so there is no cause for complacency or congratulation to be found in the 1973 statistics."

This is all too easily confirmed from the table at Appendix IX.

In addition 17 male cases of venereal disease were confirmed bacteriologically among patients not attending the Special Treatment Clinic.

Dr. Cambridge's report on the female section of the Special Treatment Clinic shows that attendances in 1973 increased by 33, or 22 per cent and were double the number of attendances in 1971. This can hardly give rise to any complacency either and these figures do not include a further 21 cases proven bacteriologically although not attending the clinic—a minor and an adolescent among them.

The detail of clinic attendances can be examined at Appendix X. New cases are increased by 20% on 1972 and 65% on 1971. One in three of all new cases of venereal disease occurring among females was aged 20 years or younger.

As has been said before in these Reports, the likelihood is that venereal disease in the community is under-recorded.

My very sincere thanks are due to Drs. Cambridge and Strickland who shoulder the burden of this thankless task. One feels that the incidence of the sexually transmissible diseases is getting out of control and that their workload shows every indication of continuing increase. Attention must be paid to improving their facilities to match the task facing them.

Health Visiting

We extend a warm welcome to Mrs. Margaret Clements, SRN, SCM, H.V.Cert who joined the Department in January thus completing our establishment of seven Health Visitors. We hope that she will feel herself welcome and find her work rewarding.

At Appendix VIII can be examined a statistical record of the work of the Health Visitors—a very inadequate description of very human tasks. Increases will be noted against almost every entry, but particularly pleasing is the increased coverage of the pre-school child and of the 'At Risk' children.

The Parentcraft and Relaxation Classes prove their popularity by more than doubling the number held in 1972. My sincere thanks are due to the St. John Ambulance for allowing these classes to be held at their Rohais Headquarters. Without their help it is not too much to say that the numbers of expectant mothers now attending these lecture-demonstrations could not be accommodated.

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR, FOR THE YEAR 1973

INTRODUCTORY

A significant event during the year was the completion and informal analysis of the details of a housing survey carried out in a selected area of St. Peter Port. Brief details are given under the section headed 'Housing'.

Another factor to emerge during the year was in respect of rodent control when during the second quarter the incidence of rodents in the scheduled (i.e. domestic, States occupied premises and land etc.) and non-scheduled (i.e. non-domestic, commercial and business enterprises) sectors levelled out following previously consistently recorded ratios of 2:1 in respect of non-scheduled and scheduled sectors. This may be due to the introduction some 15 months previously of a new administrative system accenting preventive visits rather than curative treatments, with the system deliberately biased in favour of the business sector which is where the major problems of infestations have always lain. The results

shown over the year are gratifying and give encouragement for perhaps further improvement.

Mr. S. B. Wiltshire, Public Health Inspector, who had left the Department on 1st April to take up an appointment in the U.K. returned to us on 1st November to re-occupy his previous post.

STATISTICAL

The total number of formal complaints made during the year was 1179 (1221 during 1972).

In addition rodent complaints totalled 2594 (2754 during 1972) but relevant statistics are referred to in detail under a separate section later in this report.

The following table includes classified routine and special visits and inspections carried out by Public Health Inspectors in the general category (i.e. excluding food matters).

CLASSIFIED VISITS AND INSPECTIONS—GENERAL

	Inspections 1972		*Re-inspections* 1972	
Housing inspections	121	175	96	171
Houses in multiple occupation	5	—	—	—
Overcrowding complaints	2	5	—	4
Drainage—general	126	184	76	173
Drain tests applied	38	44	28	30
Septic tanks	8	20	2	—
Public sewers	17	39	—	—
Water supplies	18	*	7	*
Public conveniences	39	46	15	*
Verminous premises	63	56	6	*
Disinfestations	61	64	4	*
Atmospheric nuisances	50	73	11	*
Noise nuisances	36	31	13	*
Refuse accumulations	65	69	10	*
Controlled tips	54	72	—	—
Infectious disease investigations ...	5	14	—	—
Infectious disease other visits	16	13	—	—
Workplaces	2	4	—	—
Factories	—	2	—	—
Schools	—	2	—	—
Caravans	1	—	—	—
Camping sites	4	6	—	—
Rodent control investigations	55	27	10	13
Streams etc.	32	33	—	—
Plans inspected	40	35	—	—
I.D.C. visits	10	5	—	—
Swimming pool water (Bact.)	—	1	—	—
Swimming pool water (Cl_2 & pH) ...	133	121	—	—

	Inspections 1972		*Re-inspections* 1972	
Visits to Herm	3	3	—	—
Visits to Alderney	4	2	—	—
Visits with other departments	44	32	—	—
Miscellaneous visits	99	125	—	—
Unsuccessful visits (no access)	38	56	—	—
Complaints from parochial authorities	19	18	—	—
Miscellaneous nuisances	2	*	—	—
Extraordinary flooding of premises ...	2	*	2	*
Remainder of houses (not dwelling units) inspected during Special Housing Survey	71	*	—	—
Health Education lectures	2	*	—	—

* No comparable figures available under these headings for 1972.

New Method of Recording

A revised standard form of statistical presentation was used during 1973, classifying formerly 'Total Visits' as inspections and re-inspections, affording guidance to the frequency and need of any particular visit to various classes of premises.

HOUSING

Eight dwellings were formally closed (20 during 1972) comprising:

Two granite cottages which were both extremely damp overall (being partially front-to-earth), in bad external and internal arrangement, in part dark, in part dangerous, in chronic gross disrepair, and lacking all standard amenities.

After some short delay, both tenants and families were rehoused by the States Housing Authority.

An old cottage-type property in town completely unfit in all respects.

A detached town dwelling suffering from overall dampness, defective roof and eavesgutters, bad external and internal arrangement, lack of sanitary facilities within reasonable distance of the dwelling, and general disrepair.

A wing of a cottage in St. Sampsons constructed in short-lived materials, lack of adequate thermal insulation, overall dampness, badly defective roof and general disrepair.

Two dwellings in Pedvin Street were necessarily closed on account of the dangerous access thereto: the ceiling timbers of the passageway and area to the dwellings were in a state of advanced decay, in some part rotten: the main beam members were resting merely on metal spikes showing signs of corrosion and were crudely supported at the obvious points of sagging by timber baulks or props. The superimposed weight of the upper floors posed a real hazard.

In addition both houses were in gross disrepair: one house was badly arranged internally with unsatisfactory drainage and sanitary accommodation facilities. Natural lighting was totally inadequate. At the time of writing (11.6.74) both occupants were still in occupation.

A third dwelling within the same curtilage (being the left hand frontage) was already vacated and had been so for some months at the time of inspection.

A small cottage in St. Andrews parish unfit in all respects and lacking standard amenities.

A housing survey comprising 192 houses (as opposed to lets and multi-occupation) carried out during November and December 1972, and January 1973, had disclosed that 45 houses at the minimum (13 dwellings were ungradeable (closed or derelict)) representing 23% were unfit in accordance with Grade 4 of the undermentioned gradings:

Grade 1—fit in all respects, apart from minor disrepair only, and including all standard amenities.

Grade 2—unfit in substantial disrepair and lacking some amenities but capable of repair and improvement, at reasonable cost.

Grade 3—unfit in major gross disrepair and lacking all amenities, in decorative decay, but capable of repair and improvement.

Grade 4—unfit in all or most respects including environmental unfitness, in major gross and chronic disrepair and decay, lacking all amenities and incapable of repair or treatment at reasonable cost.

The selected area for the Departmental housing survey comprised three contingent areas compounded generally of part of Vauvert Road, part Allez Street, George Street, part of Lower Vauvert, Burnt Lane, Port Vase, Back Street, part of the left hand side of Victoria Road (to Valnord Road), Valnord Road, part of Petites Fontaines, Bouillon Steps, Rozel Terrace, part of Mount Durand, Upper Mansell Street, Park Street. The area, it is admitted, is selective but was chosen because this Vauvert/Trinity Square complex (if it may be called so) and its environs are exactly where the housing and environmental problems exist.

N.B. Pedvin Street itself was not included in the survey.

Of the houses (not dwelling units) inspected 57% fell into Categories 1 and 2. These dwellings are habitable or have been made habitable—some were in the stages of physical improvement at the time of the survey: the most significant factor to emerge, however, was that the majority of these houses have become multi-occupied or, more exactly, sub-divided into, in some cases, smaller self-contained units. Quite a commendable trend, one may argue. The houses have been certainly improved but, in many cases, at a cost (to the tenant(s)—the rents have been increased). Sub-division is certainly an attractive investment proposition to the developer.

With respect to houses categorised 3 and 4, there is little or no sub-division. The conclusion drawn from this observation is that the majority of such dwellings are thought by prospective developers to be beyond economic redemption. These houses present the biggest problem. Most of them are situated in George Street, Burnt Lane, Port Vase, Lower Victoria Road, Bouillon Steps and part of Mount Durand.

COMMUNAL CESSPOOLS, PRIVATE SEWERAGE ETC.

A recurring problem, which can prove difficult to resolve, concerns communal cesspools serving from two to as many as fifteen dwellings. This may appear reasonable in theory, but in practice unbounded complications and public health nuisances have ensued. The very commendable objective of the prevention of water supply pollution has, in many cases, been found to be likely to produce the completely opposite effect. Where several dwellings are connected to a communal cesspool, the onus is on the several parties involved to take action when it requires emptying. In so many cases agreement is not reached and responsibility evaded for the emptying of the cesspool. Consequently the cesspool is under pressure and on occasions overflows. It is only when the unfortunate occupier on the lower end of the private sewer notices a surcharge in his w.c. pedestal that the nuisance is known to exist and that 'something must be done'. But action by whom? Who orders? Who pays? All part users are responsible, but not all will agree to pay: there is also dispute over the number of loads to be removed from the cesspool. Delay ensues: nuisance arises.

Other private sewer nuisances which have been exposed have consisted of an estate of dwellings intended for main sewer connection being not so connected on account of building contractual failures: the owner-occupiers concerned were at pains and expense of providing their own cesspool (during occupancy) pending eventual sewer connection. Secondly, a lift-pump to main sewer ostensibly maintainable by the builders, subsequently in liquidation, caused confusion to owner-occupiers as to responsibility for future maintenance. Both these matters are minor in significance compared with the main problem aforementioned.

STATISTICAL

FOOD CARE AND HYGIENE, FOOD PREMISES

The following table refers to the activities of the Public Health Inspector in the field of food control, food preparation premises and food hygiene.

CLASSIFIED INSPECTIONS AND VISITS—FOOD

	Inspections 1972		*Re-inspections* 1972	
Sampling—food	22	16	—	—
—milk	1	4	—	—
—ice cream	—	5	—	—
—water	48	34	—	—
Food consumer complaints	78	60	—	—
Food complaints—other visits	143	134	20	*
Food surrender	184	166	—	—
Restaurants, cafés etc.	112	242	40	*
Bakehouses	23	24	—	—
Canteens	1	3	—	—
Public houses	16	16	—	—
Hotels, guest houses	208	303	11	*
States Dairy and milk depots	32	44	—	—
Dairy farms	16	39	7	*
Ice cream and food registrations ...	16	—	—	—

	Inspections 1972		*Re-inspections* 1972	
Wet fish dealers	—	3	—	—
Fish and chip shops	20	25	3	*
Grocers	71	264	11	*
Greengrocers	5	7	—	—
Butchers	35	50	10	*
Confectioners (bakery)	12	21	—	—
Kiosks (beach etc.)	28	44	—	—
Food factories	37	35	9	*
Retail markets, States markets	19	29	—	—
Mobile vehicles	4	3	—	—
Wholesale/storage depots	32	47	4	*
Visits with other departments	178	128	—	—
Miscellaneous visits	199	195	—	—
Unsuccessful visits	56	72	—	—
Food poisoning investigations	7	3	6	*
Food poisoning—other visits	—	39	—	—
Slaughterhouse	6	3	*	*
Supervision of destruction of unfit food	128	*	—	—
Special inspections of food consignments	5	*	—	—
Health Education (talks given)	2	3	—	—

* No comparable figures available under these headings for 1972.

Samples submitted to States Analyst (i.e. for determination of substance, nature and quality and for purposes of non-compliance with Section 2, Food & Drugs (Guernsey) Law 1970).

Miscellaneous foods—apricot jam	1	
beans & sausages	1	
buttered rolls	6	
cereals	1	
chopped ham with pork ...	2	
Edam cheese	1	
Pizza	1	
Guernsey biscuit	1	
doughnut	1	
pastry mix	1	
butter	1	unsatisfactory (see Food Complaints)
bacon	2	
roast beef	1	
beef steak	1	
liver sausage	1	
meat	2	
pork chop	1	
margarine	2	
prawn salad	1	
sausages	1	
sausage rolls	1	
sausage skins	1	
striploin	1	
sliced loaf	1	

white loaf	1
Slimcea loaf	1
roll	1
wrapping paper	1
fly spray	1
water—mains	6
—stream	4
—quarry	2
—well	1

COMMENT

Action taken in respect of unsatisfactory results of analyses was as follows:

jam	—all stock voluntarily withdrawn.
buttered rolls spread with margarine	—referred to Board of Health. Warning letter sent.
bacon contaminated with fly eggs	—referred to Board of Health. Warning given.
various cereals and allied products	—tainted (smell and taste) by insecticide (dustbin powder): not harmful, but unsaleable. This was a national complaint, originating in U.K. in a large warehouse. Matter—i.e. withdrawal of stocks was resolved commercially: the Board of Health was not involved in surrender procedure.
roast beef found to be unfit (due to delay in transit)	—all stocks withdrawn from sale voluntarily.
doughnut containing foreign body rancid puff pastry mix	—referred to Board of Health.
mouldy liver sausage bacon pieces contaminated with flies and maggots	—warnings issued.

Samples submitted to Princess Elizabeth Hospital Laboratory for bacteriological examination

Food—

batter mix	1
boiled rice	1
beef	1
breadcrumbs	1
chicken	1
chopped ham with pork	2
fish battermix	1
liver sausage	1
Pizza	1
pork	2
prawns	3
scallops breaded queen	1

scallops king/queen	4
sweet and sour pork	1
swab from mixing bowl	1
swab from pan	1
Vegetables—	
bean sprouts	1
mushrooms	1
raw rice	1
Water—	
borehole	5
main	2
spring	3
swimming pool	1
well	35
quarry	1

COMMENTS

Of 35 well water samples, 18 were unsatisfactory: suitable advice to safeguard such water supplies was given.

The 'Pizza' declared unsatisfactory was deemed so on account of poor quality. The manufacturer was advised as to future preparation techniques.

Foodstuffs Voluntarily Surrendered During the Year 1973

Baby foods	528	jars
beetroot	36	punnets
butter	162	lbs.
biscuits etc.	912	packets
cake mix	242	packets
cereals	32	packets
cheese	2248	lbs.
cheese spread	81	lbs.
cheese, cottage	672	cartons
custard	792	tins
eggs	132	number
fish—fresh	69	lbs.
tinned	2	number
frozen	2853	lbs.
cakes	360	number
products	4	tins
queen scallops	6	tons 3 cwts.
scampi	10	lbs.
freeze dried meals	218	packets
flour	150	kilos
flour	364	lbs.
apples	82	cases
grape fruit juice	9	gallons
melons	120	number
peaches	66	trays
pineapples	18	number
plums	47	lbs.

tomatoes	104 lbs.
miscellaneous	363 lbs.
tinned fruit	69 tins
currants	385 lbs.
	25 kilos
prunes	124 lbs.
frozen foods	728 packets
jam	420 lbs.
lard	168 lbs.
margarine	2431 lbs.
macaroni cheese	30 tins
malt drink powder	105 lbs.
bacon	1241 lbs.
beef	1641 lbs.
pork	1799 lbs.
chicken	340 lbs.
offal	94 lbs.
pate	8 lbs.
lamb	142 lbs.
liver	148 lbs.
kidney	21 lbs.
tinned meat	2269 lbs.
turkey	585 lbs.
assorted meat	26 lbs.
meat products	20 tins
meat products	415 lbs.
brazil nuts	1344 lbs.
hazel nuts	399 lbs.
onions	300 kilos
potato crisps	10446 packets
pastry mix	1980 packets
quick frozen food	7909 packets
salt	2000 kilos
	672 lbs.
salt	700 kilos
sago	816 tins
spaghetti	756 lbs.
cress	138 punnets
courgettes	6 trays
parsley	2 cases
miscellaneous vegetables	49 tins
chicory	14 kilos
tinned vegetables	75 tins
whey powder	56 lbs.
yogurt	3487 cartons
other—tins and packets	302 number

COMMENT

Of particular significance is the increasing use of metal insulated containers with provision for refrigeration during trans-shipment by British Rail in place of the former use of unsatisfactory and sometimes badly defective wooden containers. All are of the 20′ module. This practice has helped and will, in future, help to reduce the loss of considerable quantities of carcass meat necessarily surrendered in the past on account of unfitness through unsatisfactory temperature control.

Delays in transit and refrigerator breakdowns were responsible for a large proportion of the perishable foods: incorrect storage temperatures were repons-ible for the bulk of tinned meat surrendered. Proper stock rotation at the retail outlets still poses problems.

FOOD COMPLAINTS

Seventy-eight complaints were received during the year (60 during 1972). Butter affected with mould and sold to the purchaser was referred for prosecution which was successful, a penalty of £20 being awarded against an Island grocery firm

Other complaints were dealt with on an informal basis, some after reference to the Board of Health.

HEALTH EDUCATION

There was considerable activity during the year of students, school pupils calling to see the Chief Public Health Inspector without prior appointment in order to seek information on public health generally and the work of the Public Health Inspector.

The Chief Public Health Inspector gave up time to speak to the persons concerned as it is felt that such interest should not be discouraged. One common factor in all enquiries was the interest shown in sewage disposal allied to purifi-cation and re-cyling of water. To save time the writer drafted a brief summary of the general principles involved in sewage purification and copies of this were offered to enquirers to read in their own time. Secondary, Grammar Schools and the College were also circulated. Line-flow diagrams were also made available.

Opportunity was taken also to reproduce an excellent article on the work and career prospects of the Public Health Inspector, which appeared in the Daily Telegraph July 16th 1973, (editorial consent being granted) and this was offered to interested parties.

RODENT CONTROL

2594 complaints (including secondary and in some cases preventive visits and treatments) were made to the Department during 1973 (2754 in 1972). During the second quarter of the year when we expect rodents to emerge from their winter quarters, the Department was singularly successful in 'levelling out' (at 51% and 49% respectively) in the scheduled (domestic sector) and non-scheduled (commercial etc. sector) for the first time since scheduled records have been kept. Previously the record had shown a consistent ratio 2:1 in respect of the commercial against the non-commercial sector. It is, of course, imprudent to attach any great significance to one quarter's figures but it is possible that the Department's system of preventive control, heavily biased in favour of the commercial sector may have had effect. During the latter six months of the year this encouraging statistic fell but only marginally. This was due to the prolonged illness of the second Rodent Operator. Secondary staff was employed on the 17th December.

Year's statistics—Category figures—Scheduled Premises—42.9%
Non-Scheduled Premises 57.1%

DISINFESTATION

Sixty-one disinfestations were carried out, a remarkably similar figure to 1972 (being 64): there appears to be a steady decline in the incidences of notifications of the 'human flea' problem. There is no room, however, for complacency until this scourge is eradicated, or at least reduced to its lowest possible level.

In addition, during 1973, five persons were afforded personal bathing facilities at the Cleansing Centre. One case of scabies was dealt with by clothing and surface bedding disinfestation.

HERM

This island was visited on three occasions. Conditions generally were satisfactory.

ALDERNEY

The island was visited on four occasions at the request of Dr. Bell. One of the visits was necessitated with particular reference to the circumstances of occupation of an Island Barracks by Italian nationals working in the island. An official written report was subsequently submitted to the appropriate authorities.

CONFERENCES

Mr. S. R. Edwards and Mr. J. M. Bairds attended the annual 'refresher' seminar at University of Kent in Canterbury during March, and the Chief Public Health Inspector attended the anual Environmental Health Conference in Eastbourne during October. These conferences and seminars are useful and educational in many aspects, not least being the exchange of items of current and topical interest amidst these changing times during social meetings with one's colleagues in one's profession.

PUBLIC HEALTH DEPARTMENT—FINANCE 1973

(The figures for 1972 are shown in brackets—adjusted to the nearest pound.)

Cleaning, Fuel, Light, Water & Rent			£2519.36	(2516)
Infectious Diseases:				
Doctors' Fees	£1342.37	(1080)		
Drugs, Vaccines etc.	3925.72	(2514)		
			5268.09	(3594)
Postage, Stationery & Telephone			1342.96	(1025)
Salaries & Wages			49128.11	(41144)
Superannuation			5397.07	(5324)
Travelling Expenses			4078.02	(3085)
V.D. Clinic			3511.39	(1746)
Other Expenses			3558.58	(2990)
			74803.58	(61424)
Less Recoveries from Education Council			9350.00	(8800)
			£65,453.58	(52,624)

APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000 pop.	No.	Crude Rate per 1,000 pop.	Corrected Rate per 1,000 pop.	No.	Rate per 1,000 Births
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37
1971	49,399 *	768	15.55	646	13.08	11.90	10	13.02
1972	49,972	790	15.81	576	11.53	10.49	14	17.72
1973	50,552	653	12.92	595	11.77	10.71	12	18.38

* Census figure.

APPENDIX II—POPULATION BY AGE GROUPS 1961-1971—GUERNSEY BAILIWICK

Age last Birthday	1961			1971			Percentage inc. or dec.(–) 1961-1971		
	Persons	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*	*Males*	*Females*
0- 4	3706	1912	1794	4033	1994	2039	8.82	4.29	13.66
5- 9	3481	1809	1672	4324	2214	2110	24.22	22.39	26.19
10-14	4075	2076	1999	4044	2052	1992	(–)0.76	(–)1.15	(–)0.35
15-24	5706	2853	2853	7885	3984	3901	38.19	39.64	36.73
25-34	5693	2826	2867	6417	3229	3188	12.72	14.26	11.20
35-44	6011	2955	3056	6154	3030	3124	2.38	2.54	2.23
45-54	6392	3155	3237	6468	3115	3353	1.19	(–)1.27	3.58
55-64	5588	2587	3001	6611	3147	3464	18.31	21.65	15.43
65+	6447	2545	3902	7798	3113	4685	20.96	22.32	20.07
All ages	47099	22718	24381	53734	25878	27856	14.09	13.91	14.25

BAILIWICK BY ISLANDS

	Guernsey (inc. Herm and Jethou)						Alderney						Sark (inc. Brecqhou)					
	1961			1971			1961			1971			1961			1971		
	Persons	*Male*	*Female*	*Persons*	*Male*	*Female*	*Persons*	*Male*	*Female*	*Persons*	*Male*	*Female*	*Persons*	*Male*	*Female*	*Persons*	*Male*	*Female*
0- 4	3572	1829	1743	3885	1928	1957	104	62	42	123	53	70	30	21	9	25	13	12
5- 9	3337	1726	1611	4187	2148	2039	120	69	51	104	50	54	24	14	10	33	16	17
10-14	3940	2006	1934	3927	1988	1939	108	57	51	90	48	42	27	13	14	27	16	11
15-24	5487	2737	2750	7654	3876	3778	159	88	71	174	82	92	60	28	32	57	26	31
25-34	5432	2675	2757	6157	3097	3060	194	117	77	182	98	84	67	34	33	78	34	44
35-44	5737	2810	2927	5888	2888	3000	204	109	95	202	103	99	70	36	34	64	39	25
45-54	6124	3038	3086	6149	2977	3172	183	80	103	243	108	135	85	37	48	76	30	46
55-64	5267	2436	2831	6228	2976	3252	206	98	108	279	123	156	115	53	62	104	48	56
65+	6172	2414	3758	7383	2914	4469	194	97	97	289	132	157	81	34	47	126	67	59
All ages	45068	21671	23397	51458	24792	26666	1472	777	695	1686	797	889	559	270	289	590	289	301

Group	International List No.	Cause of Death	M F Total all ages	1973 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
I		Infective and Parasitic Diseases								
	009	Diarrhoeal disease	1 -	1	-	-	-	1 -	- -	- -
II		Neoplasms								
	147	Malignant neoplasm of nasopharynx	2 -	2	- -	- -	- -	- -	- -	- -
	148	Malignant neoplasm of hypopharynx	1 -	1	- -	- -	- -	- -	- -	- -
	150	Malignant neoplasm of oesophagus	1 3	4	- -	- -	- -	- -	- -	- -
	151	Malignant neoplasm of stomach	6 7	13	- -	- -	- -	- -	- -	- -
	153	Malignant neoplasm of large intestine, except rectum	7 8	15	- -	- -	- -	- -	- -	- -
	154	Malignant neoplasm of rectum and rectosigmoid junction	2 2	4	- -	- -	- -	- -	- -	- -
	155	Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary	1 1	2	- -	- -	- -	- -	- -	- -
	156	Malignant neoplasm of gallbladder and bile ducts	- 1	1	- -	- -	- -	- -	- -	- -
	157	Malignant neoplasm of pancreas	2 1	3	- -	- -	- -	- -	- -	- -
	160	Malignant neoplasm of nose, nasal cavities, middle ear and accessory sinuses	- 1	1	- -	- -	- -	- -	- -	- -
	162	Malignant neoplasm of trachea, bronchus and lung	26 6	32	- -	- -	- -	- -	- -	- -
	172	Malignant melanoma of skin	1 1	2	- -	- -	- -	- -	- -	- -
	174	Malignant neoplasm of breast	- 8	8	- -	- -	- -	- -	- -	- -
	180	Malignant neoplasm of cervix uteri	- 2	2	- -	- -	- -	- -	- -	- -
	182	Other malignant neoplasm of uterus	- 8	8	- -	- -	- -	- -	- -	- -
	183	Malignant neoplasm of ovary, fallopian tube and broad ligament	- 8	8	- -	- -	- -	- -	- -	- -
	184	Malignant neoplasm of other and unspecified female genital organs	- 1	1	- -	- -	- -	- -	- -	- -
	185	Malignant neoplasm of prostate	5 -	5	- -	- -	- -	- -	- -	- -
	188	Malignant neoplasm of bladder	2 -	2	- -	- -	- -	- -	- -	- -
	189	Malignant neoplasm of other and unspecified urinary organs	1 1	2	- -	- -	- -	- -	- -	- -
	190	Malignant neoplasm of eye	1 -	1	- -	- -	- -	- -	1 -	- -
	199	Malignant neoplasm without specification of site	3 3	6	- -	- -	- -	- -	- -	- -
	200	Lymphosarcoma and reticulum-cell sarcoma	2 -	2	- -	- -	- -	- -	- -	- -
	203	Multiple myeloma	- 1	1	- -	- -	- -	- -	- -	- -
	204	Lymphatic leukaemia	1 -	1	- -	- -	- -	- -	- -	- -
	205	Myeloid leukaemia	1 1	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP II	65 64	129	- -	- -	- -	- -	1 -	- -
III		Endocrine, Nutritional and Metabolic Diseases								
	250	Diabetes mellitus	2 3	5	- -	- -	- -	- -	- -	- -
	276	Amyloidosis	1 -	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP III	3 3	6	- -	- -	- -	- -	- -	- -
IV		Diseases of the Blood and Blood-Forming Organs								
	280	Iron deficiency anaemias	- 1	1	- -	- -	- -	- -	- -	- -
	281	Other deficiency anaemias	- 1	1	- -	- -	- -	- -	- -	- -
	284	Aplastic anaemia	- 2	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP IV	- 4	4	- -	- -	- -	- -	- -	- -
VI		Diseases of the Nervous System and Sense Organs								
	320	Meningitis	1 -	1	1 -	- -	- -	- -	- -	- -
	342	Paralysis agitans	2 -	2	- -	- -	- -	- -	- -	- -
	344	Other cerebral paralysis	- 1	1	- -	- -	- -	- -	- -	- -
	345	Epilepsy	- 1	1	- -	- -	- -	- -	- -	- -
	348	Motor neurone disease	- 1	1	- -	- -	- -	- -	- -	- -
	354	Polyneuritis and polyradiculitis	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP VI	3 4	7	1 -	- -	- -	- -	- -	- -
VII		Diseases of the Circulatory System								
	394	Diseases of mitral valve	1 1	2	- -	- -	- -	- -	- -	- -
	395	Diseases of aortic valve	2 2	4	- -	- -	- -	- -	- -	- -
	401	Essential benign hypertension	3 5	8	- -	- -	- -	- -	- -	- -
	402	Hypertensive heart disease	7 9	16	- -	- -	- -	- -	- -	- -
	410	Acute myocardial infarction	34 10	44	- -	- -	- -	- -	- -	- -
	411	Other acute and subacute forms of ischaemic heart disease	- 1	1	- -	- -	- -	- -	- -	- -
	412	Chronic ischaemic heart disease	35 18	53	- -	- -	- -	- -	- -	- -
	424	Chronic disease of endocardium	1 2	3	- -	- -	- -	- -	- -	- -
		carried forward	83 48	131	- -	- -	- -	- -	- -	- -

*Notification from U.K.

(i.e. not including visitors but including residents dying in U.K.)

M F 10-14	M F 15-19	M F 20-24	M F 25-29	M F 30-34	M F 35-39	M F 40-44	M F 45-49	M F 50-54	M F 55-59	M F 60-64	M F 65-69	M F 70-74	M F 75-79	M F 80-84	M F 85-89	M F 90-94	M F 95+
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Group	International List No.	Cause of Death	M Total all ages	F Total all ages	1973 Grand Total	M Under 1	F Under 1	M 1	F 1	M 2	F 2	M 3	F 3	M 4	F 4	M 5-9	F 5-9
		Group VII (continued) brought forward	83	48	131	-	-	-	-	-	-	-	-	-	-	-	-
	425	Cardiomyopathy	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
	426	Pulmonary heart disease	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-
	427	Symptomatic heart disease	9	5	14	-	-	-	-	-	-	-	-	-	-	-	-
	428	Other myocardial insufficiency	2	7	9	-	-	-	-	-	-	-	-	-	-	-	-
	430	Subarachnoid haemorrhage	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
	431	Cerebral haemorrhage	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-
	433	Cerebral thrombosis	5	7	12	-	-	-	-	-	-	-	-	-	-	-	-
	436	Acute but ill-defined cerebrovascular disease	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
	437	Generalized ischaemic cerebrovascular disease	34	30	64	-	-	-	-	-	-	-	-	-	-	-	-
	438	Other and ill-defined cerebrovascular disease	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	440	Arteriosclerosis	22	22	44	-	-	-	-	-	-	-	-	-	-	-	-
	441	Aortic aneurysm (non-syphilitic)	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-
	444	Arterial embolism and thrombosis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	450	Pulmonary embolism and infarction	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
	453	Other venous embolism and thrombosis	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP VII	173	135	308	-	-	-	-	-	-	-	-	-	-	-	-
VIII		Diseases of the Respiratory System															
	466	Acute bronchitis and bronchiolitis	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
	470	Influenza unqualified	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-
	471	Influenza with pneumonia	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
	480	Viral pneumonia	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
	481	Pneumococcal pneumonia	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
	485	Bronchopneumonia, unspecified	12	19	31	-	-	-	-	-	-	-	-	-	-	-	-
	486	Pneumonia, unspecified	3	7	10	-	1	-	-	-	-	-	-	-	-	-	-
	491	Chronic bronchitis	16	7	23	-	-	-	-	-	-	-	-	-	-	-	-
	492	Emphysema	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-
	514	Pulmonary congestion and hypostasis	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
	518	Bronchiectasis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
	519	Other diseases of respiratory system	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP VII	44	41	85	1	1	-	-	-	-	-	-	-	-	-	-
IX		Diseases of the Digestive System															
	531	Ulcer of stomach	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
	532	Ulcer of duodenum	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
	551	Other hernia of abdominal acvity without mention of obstruction	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
	564	Functional disorders of intestines		1	1	-	-	-	-	-	-	-	-	-	-	-	-
	571	Cirrhosis of liver	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
	574	Choletithiasis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	577	Diseases of pancreas	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP IX	4	9	13	-	-	-	-	-	-	-	-	-	-	-	-
X		Diseases of the Genito-Urinary System															
	590	Infections of kidney	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-
	593	Other disease of kidney and ureter	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP X	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-
XIII		Diseases of the Musculoskeletal System and Connective Tissue															
	720	Osteomyelitis and periostitis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	734	Diffuse diseases of connective tissue	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP XIII	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
XIV		Congenital Anomalies															
	746	Congenital anomalies of heart	3	1	4	2*	1	1	-	-	-	-	-	-	-	-	-
		* Notifications from U.K.															
XV		Certain Causes of Perinatal Morbidity and Mortality															
	774	Haemolytic disease of newborn with kernicterus	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-
	777	Immaturity, unqualified	2	2	4	2	2	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP XV	2	3	5	2	3	-	-	-	-	-	-	-	-	-	-
XVI		Symptoms and Ill-Defined Conditions															
	794	Senility without mention of psychosis	-	9	*9	-	-	-	-	-	-	-	-	-	-	-	-

In addition there was one death of unknown sex ascribed to the year of discovery

10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-89		90-94		95+	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
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Group	International List No.	Cause of Death	M F Total all ages	1973 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
N XVII		Accidents, Poisonings, and Violence (Nature of Injury)								
	821	Fracture of other and unspecified parts of femur	1 -	1	- -	- -	- -	- -	- -	- -
	839	Other, multiple, and ill-defined dislocations	- 1	1	- -	- -	- -	- -	- -	- -
	854	Intercranial injury ofother and unspecified nature	1 -	1	- -	- -	- -	- -	- -	- -
	869	Internal injury, unspecified or involving intra-thoracic and intraabdominal organs	- 1	1	- -	- -	- -	- -	- -	- -
	948	Burn involving face, head and neck with trunk and limb(s)	1 -	1	- -	- -	- -	- -	- -	- -
	967	Adverse effect of other sedatives and hypnotics	2 -	2	- -	- -	- -	- -	- -	- -
	986	Toxic effect of carbon monoxide	1 -	1	- -	- -	- -	- -	- -	- -
	994	Effects of other external causes	2 -	2	- -	- -	- -	- -	- -	- -
	995	Certain early complications of trauma	- 1	1	- -	- -	- -	- -	- -	- -
	996	Injury, other and unspecified	1 1	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP N XVII	9 4	13	- -	- -	- -	- -	- -	- -

* In addition there was one death of unknown sex ascribed to the year of discovery.

APPENDIX IV - DEATHS BY AGE

Group	Cause of Death	M F Total all ages	1973 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
I	Infective and Parasitic Diseases	1 -	1	- -	- -	- -	1 -	- -	- -
II	Neoplasms	65 64	129	- -	- -	- -	- -	1 -	- -
III	Endocrine, Nutritional, and Metabolic Diseases	3 3	6	- -	- -	- -	- -	- -	- -
IV	Diseases of the Blood and Blood-forming Organs	- 4	4	- -	- -	- -	- -	- -	- -
V	Mental Disorders	- -	-	- -	- -	- -	- -	- -	- -
VI	Diseases of the Nervous System and Sense Organs	3 4	7	1 -	- -	- -	- -	- -	- -
VII	Diseases of the Circulatory System	173 135	308	- -	- -	- -	- -	- -	- -
VIII	Diseases of the Respiratory System	44 41	85	1 1	- -	- -	- -	- -	- -
IX	Diseases of the Digestive System	4 9	13	- -	- -	- -	- -	- -	- -
X	Diseases of the Genito-Urinary System	2 5	7	- -	- -	- -	- -	- -	- -
XI	Complications of Pregnancy, Childbirth and the Puerperium	- -	-	- -	- -	- -	- -	- -	- -
XII	Diseases of the Skin and Subcutaneous Tissue	- -	-	- -	- -	- -	- -	- -	- -
XIII	Diseases of the Musculoskeletal System and Connective Tissue	1 2	3	- -	- -	- -	- -	- -	- -
XIV	Congenital Anomalies	3 1	4	2 1	1 -	- -	- -	- -	- -
XV	Certain Causes of Perinatal Morbidity and Mortality	2 3	5	2 3	- -	- -	- -	- -	- -
XVI	Symptoms and Ill-Defined Conditions	- 9	9	- -	- -	- -	- -	- -	- -
NXVII	Accidents, Poisonings and Violence (Nature of Injury)	9 4	13	- -	- -	- -	- -	- -	- -
		310 284	594*	6 5	1 -	- -	1 -	1 -	- -

* In addition there was one death of unknown sex ascribed to the year of discovery

M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85–89	90–94	95+
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GROUPS - SUMMARY 1973

M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85–89	90–94	95+
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1 –	2 –	1 1	2 –	1 –	2 2	2 1	5 3	17 6	19 13	32 23	43 31	43 28	35 38	43 48	34 45	13 31	6 9

APPENDIX V

INFANT DEATHS 1973—CAUSES

Cause of Infant Deaths—Under one month—1973

International Classification		*M*	*F*	*Total*
486	Pneumonia, unspecified	—	1	1
746	Congenital Anomalies of Heart	*1	1	2
774	Haemolytic disease of newborn with kernicterus	—	1	1
777	Immaturity, unqualified	2	2	4
		3	5	8

Cause of Infant Deaths—From one Month to one Year—1973

320	Meningitis	1	—	1
466	Acute bronchitis and bronchiolitis	1	—	1
746	Congenital Anomalies of Heart	*1	—	1
		3	—	3

Additionally one death of an infant was registered, the death having occurred some years earlier—the sex and date of death unknown.

* Notifications received from mainland.

APPENDIX VI

CANCER MORTALITY—1973

Deaths due to cancer—all forms

Year	*Guernsey*	*Jersey*
1969	121	190
1970	91	162
1971	149	184
1972	131	222
1973	*129	183

Deaths per 1,000 population

Guernsey	*Jersey*	*England & Wales*
2.6	2.9	2.4
2.0	2.5	2.4
3.0	2.6	2.4
2.6	3.1	2.43
2.55	2.54	2.4

Lung cancer deaths

Year	*Guernsey*	*Jersey*
1969	23	53
1970	20	41
1971	39	50
1972	37	62
1973	*32	55

Deaths per million population

Guernsey	*Jersey*	*England & Wales*
496	822	633
430	631	643
790	694	630
740	861	646
633	764	654

Lung cancer

Death rates per million—male and female (1972 rates in brackets)

	Guernsey		*Jersey*		*England and Wales*	
	M	F	M	F	M	F
1973	1070 (1290)	229 (231)	1054 (1396)	488 (352)	1088 (1080)	243 (234)
Populn.	633 (740)		764 (861)		654 (646)	

* includes one notification from mainland.

APPENDIX VIII

Annual Statistics for Health Visitors 1973

	1973	1972
Pre-school Children (5408 visits)		
1. Primary visits age 0-1 year	703	757
2. Primary visits age 1-5 years	213	89
3. Revisits age 0-1	2183	1,534
4. Revisits age 1-5 years	1891	1,479
5. Visits relating to the 'At Risk' Register	418	114
School Children (482 visits)		
6. Home visits	348	205
7. School visits	125	61
8. Relating to handicapped children at school	9	14
9. Other	—	1
General Health Visiting (3698 visits)		
10. Problem Families and Families with Problems	359	192
11. Relating to Mental Health	43	37
12. Relating to Physically Handicapped Persons	34	37
13. Infectious Households (Tuberculosis)	93	89
14. Infectious Households (Other)	47	209
15. Geriatric cases	763	832
16. Visits with Doctors	1	5
17. Visits with Public Health Inspectors	18	9
18. Visits relating to ante-natal cases	136	68
19. Visits to hospital and nursing homes	90	65
20. Miscellaneous and unspecified	833	397
21. Evening visits	210	60
22. No access (i.e. non-effective visits)	1071	880
Clinics (Total 725 sessions)		
23. Ante-natal (Booking) Clinic	57	51
24. Parentcraft and Relaxation Classes	249	112
25. District Nursing Association Infant Welfare	140	133
26. Child Health	220	62
27. Auditory Training	10	22
28. B.C.G. (and Poliomyelitis immunisation)	20	30
29. Other and unspecified clinics	29	123
Meetings (208 sessions)		
30. Within Health Department Staff	84	68
31. With Group Practices	117	99
32. Miscellaneous	7	46
B.C.G. Programme (278 visits)		
33. Home visits	67	49
34. M.P.T. and M.P.T. readings	103	132
35. B.C.G. Visits	106	137
36. Other	2	7
Health Education		
37. Sessions	6	19
Administration (546 sessions)		
38. Organisation and Administration	407	248
39. Interviews at Lukis House	71	41
40. Courses, Conferences, Obstetric Committee etc.	68	61

APPENDIX IX

SPECIAL TREATMENT CLINIC—MALE SECTION—1973

VENEREOLOGIST: Dr. J. E. T. STRICKLAND, MB, BS, MRCS, LRCP.

	1971	1972	1973
1. Number of persons under treatment or surveillance on 1st January:			
(*a*) Syphilis	1	3	2
(*b*) Gonorrhea	10	9	6
(*c*) Non specific venereal conditions	10	3	6
(*d*) Non venereal conditions		3	9
totals	21	18	23
2. Number of fresh infections during the year:			
(*a*) Syphilis contracted locally	1	1	1
Syphilis contracted outside the island	1	—	—
(*b*) Gonorrhea contracted locally	11	28	36
Gonorrhea contracted outside the island	60	40	9
(*c*) Non specific venereal conditions contracted locally		56	87
Non specific venereal conditions contracted outside the island	111	39	10
(*d*) Non venereal conditions contracted locally		28	32
Non venereal conditions contracted outside the island		19	1
totals	184	211	176
Total of cases receiving treatment throughout the year	205	229	199
3. Cases discharged:			
(*a*) Syphilis	0	2	0
(*b*) Gonorrhea	72	71	46
(*c*) Non specific venereal conditions	115	92	96
(*d*) Non venereal conditions		41	37
totals	187	206	179
Discharges as % of total cases	91%	90%	90%
4. Number of persons remaining under treatment or surveillance on 31st December:			
(*a*) Syphilis	3	2	3
(*b*) Gonorrhea	9	6	5
(*c*) Non specific venereal conditions	6	6	7
(*d*) Non venereal conditions		9	5
totals	18	23	20
5. Number of attendances	1059	1114	1003
6. Of the total at 2 above, the following were re-infections	12	9	15

	Syphilis	*Gonor-rhea*	*NS.V*	*NV*	*Total*	%
7. Classifications:						
Local persons	1	19	49	30	99	56.25
Visiting seamen	—	9	10	—	19	10.80
Imported labour—hotel staff ...	—	14	16	2	32	18.18
—horticulture ...	—	3	12	1	16	9.09
—other	—	—	10	—	10	5.68
totals	1	45	97	33	176	100.00

8. Age groups:	*Under 16*	16-19	20-29	30-39	40+	*Total*	%
(*a*) Syphilis			1			1	0.6
(*b*) Gonorrhea		3	36	5	1	45	25.6
(*c*) Non specific venereal conditions	2	28	59	6	2	97	55.1
(*d*) Non venereal conditions		15	9	8	1	33	18.7
totals	2	46	105	19	4	176	
%	1.14	26.14	59.65	10.80	2.27		100.0

APPENDIX X

SPECIAL TREATMENT CLINIC—FEMALE SECTION—1973

VENEREOLOGIST: DR. W. R. CAMBRIDGE, MRCS, LRCP.

	1971	1972		1973	
1. Number of persons under treatment or surveillance on 1st January:					
Syphilis	0	1		0	
Gonorrhea	0	3		1	
Non specific conditions	0	0		5	
2. Number of persons previously removed from register who returned for treatment due to re-infection	3	0		1	
3. Number of fresh infections during the year:					
Syphilis contracted locally	0	0	0	1	1
Syphilis contracted outside the Island	1	0		0	
Gonorrhea contracted locally	8	22	22	19	21
Gonorrhea contracted outside the Island	18	0		2	
Non specific or non venereal conditions contracted locally	1	18	18	24	26
Non specific or non venereal conditions contracted outside the Island	1	0		2	
Total fresh infections	29	40		48	
4. Cases discharged:					
Syphilis	0	1		0	
Gonorrhea	23	24		20	
Non specific or non venereal conditions	2	13		26	
5. Number of persons remaining under treatment or observation on 31st December:					
Syphilis	1	0		1	
Gonorrhea	3	1		0	
Non specific or non venereal conditions	0	5		7	
6. Number of attendances	92	150		183	

7. Classification:

	Syphilis	*Gonorrhea*	*NS/NV*
Local persons	1	9	10
Imported labour—hotel staff	0	8	8
—horticulture	0	2	4
—other	0	2	4

8. Age groups:

	Under 16	16-19	20-29	30-39	40+	*Total*	%
Syphilis	—	—	1	—	—	1	2.08
Gonorrhea	2	5	10	4	—	21	43.75
NS/NV	—	6	19	1	—	26	54.17
	2	11	30	5	—	48	
%	4.17	22.91	62.5	10.42			100.00

APPENDIX XI

NON-RESIDENT DEATH OCCURRENCES (not included in main table or vital statistics)

Group	International List No.	All ages M	All ages F	Grand Total 1973	30-34 M	30-34 F	35-39 M	35-39 F	40-44 M	40-44 F	45-49 M	45-49 F	50-54 M	50-54 F	55-59 M	55-59 F	60-64 M	60-64 F	65-69 M	65-69 F	70-74 M	70-74 F	75-79 M	75-79 F	80-84 M	80-84 F	85-89 M	85-89 F
II	199	1	-	1									1															
V	303	1	-	1							1																	
VII	410	11	2	13	1						1		1		2				2	1	1		1	1	2			
	412	1	1	2																	1			1				
	433	-	1	1																								1
	440	2	-	2													1						1					
	443	1	-	1																			1					
	453	-	1	1										1														
VII	485	-	1	1																	1							
	491	1	-	1															1									
	492	1	-	1			1																					
IX	571	1	-	1											1													
XVII	996	1	-	1											1													
		21	6	27	1	-	1	-	-	-	2	-	2	1	4	-	1	-	3	1	2	1	3	2	2	-	-	1

Secondary coding of certain of above deaths where External Cause is applicable.

E814		1	-	1											1													
E911		1	-	1							1																	
E949		1	-	1																			1					
		3	-	3							1				1								1					

NOTE: For explanation of the International List No. please refer to main table at Appendix III. The following are not in main table.

303 - Alcoholism
443 - Other peripheral vascular disease
E814 - Motor vehicle traffic accident involving collision with pedestrian
E911 - Inhalation and ingestion of food causing obstruction or suffocation
E949 - Late effect of other surgical and medical procedures

APPENDIX XII

ACCIDENTS, POISONING & VIOLENCE—EXTERNAL CAUSE OF DEATH

(the deaths detailed below are included in APPENDIX III categorised under the NATURE OF THE INJURY)

International List No.	Cause of Death	Sub Totals		Grand Total	AGE GROUPS															
	Group EXVII	M	F	1973	10-14		15-19		20-24		25-29		30-34		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-89	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
812	Motor Vehicle Traffic Accident involving collision with another motor vehicle	2	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
814	Motor Vehicle Traffic Accident involving collision with pedestrian	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-
815	Other Motor Vehicle Traffic Accident involving collision	-	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
819	Motor Vehicle Traffic Accident of unspecified nature	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
890	Accident caused by conflagration in private dwelling	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
891	Accident caused by conflagration in other building or structure	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
943	Late effect of accidental fall	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
949	Late effect of other surgical and medical procedures	1	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
950	Suicide and self-inflicted poisoning by solid or liquid substances	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
953	Suicide and self-inflicted injury by hanging, strangulation and suffocation	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
980	Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
984	Submersion (drowning), undetermined whether accidentally or purposely inflicted	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals: Group EXVII	10	5	15	1	-	2	-	-	1	1	-	1	-	-	1	-	1	1	-	-	1	1	-	-	1	-	-	1	-

SCHOOL MEDICAL SERVICES ANNUAL REPORT 1973

Education improves the quality of the life of the individual for with it he has the chance of fulfilling his potential and can then take his proper place, with dignity, in the community. It behoves the School Medical Services to be diligent in watching over the child up to school entry and until he leaves school. Our concern is for the individual and not for the diagnosis alone. Our need is to appraise abilities as well as disabilities.

Improvement of the health of the mother and of her antenatal care results in a healthier baby but also the greatly improved chances of survival of children handicapped in some field or even with multiple handicaps. We must therefore strive to provide opportunities for full development of these unfortunates also. Guernsey had the foresight to set up two Special Schools. The children who require their facilities can reach them after a short journey without having to be uprooted from their family and neighbourhood at an early age and placed in a boarding school in a strange environment. It is but a handful of children whose educational needs cannot be met on this Island that must be educated on the Mainland.

1973 has been a busy year for the School Medical Service. As this year proceeded, it became obvious that the School Nurses needed help with vision testing and the Education Council decided to ask Mrs. J. Goodwin (a qualified orthoptist) who already does the audio testing for the School Medical Service, to extend her working day so as to help with the vision screening in schools and conduct vision testing clinics at Lukis House. So, starting in September 1973 we can now offer an annual eyesight test to all children in the Secondary/Grammar Schools and where possible, in the Junior Schools also.

Miss J. Richmond, our Speech Therapist, indicated that her work load had become too heavy so the Education Council appointed Mrs. M. Renier, L.C.S.T. to give two sessions weekly. It has been arranged that Mrs. Renier will be responsible for the speech therapy in both Valnord and Maurepas Schools.

Towards the end of 1973, the Education Council decided that it would offer a free physiotherapy service to the pre and school aged child and this is in the process of being arranged.

The overall Guernsey school population for 1973 was 9,421, an increase of 13 over the figure for 1972. Their health, plus that of the pre school population becomes the particular responsibility of the School Medical Service.

952	attendances were recorded at the Lukis House Clinic (568 in 1972)
300	attendances were recorded at the Child Guidance Clinic (300 in 1972)
48	attendances were recorded at Mr. Midgley's Clinic (61 in 1972)
1,642	attendances were recorded at the Speech Therapy Clinic (1627 in 1972)
2,012	attendances were recorded at the Orthoptic Clinic (2,011 in 1972)
82	attendances were recorded at the Immunisation Clinics (560 in 1972—the increase due to school cruises)
248	attendances were recorded at the BCG Clinics (132 in 1972)
5,284	attendances were recorded at the School Medical Services Clinics

In addition, 2402 school children were seen at a Periodic Medical examination (1523 at their schools and 879 in Lukis House) and 333 girls were vaccinated against German measles at their schools.

A breakdown of these figures now follows:

Children examined in school

Boys	*Girls*	*Totals*
352	370	722
316	286	602
65	134	199
733	790	1523

Children examined at Lukis House

	Boys	*Girls*	*Totals*
Infants	26	36	62
Juniors	125	114	239
Seniors	351	227	578
	502	377	879

Defects noted at the Periodic Medical Examination

	INFANTS			JUNIORS			SENIORS		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Oral hygiene	55	71	126	43	40	83	77	18	95
Skin	26	36	62	35	28	63	53	32	85
Eyes	26	24	50	73	85	158	34	105	139
Speech	58	41	99	6	13	19	13	11	24
Poor posture	8	9	17	32	37	69	22	53	75
Flat feet	36	22	58	47	44	91	35	56	91
Respiratory infections	30	37	67	19	21	40	6	13	19
Enlarged glands	51	43	94	20	21	41	9	5	14
ENT conditions	159	158	317	77	94	171	75	79	154
Asthma	6	2	8	7	1	8	0	4	4
Heart defects	13	14	27	13	6	19	10	10	20
Nocturnal enuresis	45	42	87	7	5	12	0	4	4
Over/under weight	13	13	26	10	8	18	13	20	33
			1038			792			757

School Clinics

952 children were seen at Lukis House of which 426 were of pre school age.

374 babies brought for Developmental Testing
197 attended for visual defects
135 attended for ENT conditions
56 attended for speech defects
26 were Training College candidates
32 had behavioural problems
76 attended for Routine School Medicals—absentees
56 required a general medical overhaul

952

As a result of these clinics:

93 children were referred to Mr. Neubert
49 children were referred to Mr. Midgley
52 children were referred to the Speech Therapy Clinic
13 children were referred to Child Guidance Clinic

The Anti Tuberculosis Programme

	Infants	*Juniors*
Total number schoolchildren seen	784	841
Total number not requiring tuberculin testing ...	119	65
∴ Total number eligible for tuberculin testing ...	665	776
Total number schoolchildren absent	34	9
Permission for testing refused by parents	5	13
Number of tuberculin tests performed	626	754

Of the 754 juniors who were tuberculin tested 731 were negative and 23 positive. Therefore 731 children had no naturally acquired immunity to tuberculosis and so were eligible for BCG vaccination. However, 15 absented themselves and 6 were refused by the parents and so 710 juniors received a BCG vaccination or 97% (97.13) acceptance. In addition, a further 182 children were tested by the School Nurses at Lukis House at the weekly immunisation clinic and as a consequence 164 of these children received a BCG vaccination.

German measles vaccination

All schoolgirls in their first year in the Secondary/Grammar schools were offered vaccination against German measles irrespective of whether they thought they might have had the disease. Out of a total of 366 girls 333 accepted the offer, an acceptance rate of 90.98% as compared with an acceptance rate in 1972 of 91.8%. This is indeed still completely satisfactory.

Hygiene Inspections

The School Nurses inspected 16,224 children and found 45 to be infested, a rate per thousand of 2.77 (4.25 in 1972). 10 of these children were excluded from school until satisfactorily free from infestation.

One might have expected a higher rather than a lower figure in view of the longer hair styles of today. However, the School Nurses have pointed out that it would appear the longer hair styles have the opposite effect, possibly because of the extra grooming required to keep the hair in reasonable order.

The Free School Milk Scheme

184 schoolchildren received free milk in their school during 1973. During the year a total of 66 children's names were taken off the list for school milk either because they had reached a satisfactory height/weight ratio or at the request of the parent who gave various reasons, usually the child was not found to be hungry at lunch time and was therefore not eating a satisfactory meal.

32 schoolchildren were put on the School Milk Scheme virtually all being school entrants. Some of these were recommended by the Health Visitor for social reasons, the others as the result of a routine school medical. In addition 19 schoolchildren were receiving vitamin capsules in school at the recommendation of the Health Visitor.

Child Guidance Clinic (conducted by Dr. B. J. Salisbury, MB, MRCPsych., DCH.)

During the year 300 one hour consultations have taken place, and there were 49 new referrals, three of these being siblings of children already seen.

This year there has been much closer liaison with the Children's Officers and many families are mutual to both services, and by discussion we have avoided a lot of unnecessary duplication. This, apart from obvious saving of time and energy, is very important as many distressed families tend to go from one agency to another seeking support and advice and often receive conflicting advice given as a result of inadequate information.

There is also, as in recent years, an increase of pre-school and infant school children and a marked increase in complaints of anti-social behaviour.

ENT Clinics (Mr. G. Midgley F.R.C.S.—Visiting Consultant)

Mr. Midgley held three clinics at Lukis House in 1973. In all he saw 49 children and arranged the admission of 7 of these to the Royal Hampshire County Hospital at Winchester for treatment.

Speech Therapy Clinic (Miss J. M. Richmond L.C.S.T.)

	1973	1972
Treated	234	203
Referred (19 + 66 + 30)	115	89
Admitted (19 + 35 + 28)	82	68
Minimal advice needed only	25	12
Failed to attend	2	4
Discharged (26 + 15 + 23)	64	52
Attendances (546 + 551 + 545)	1642	1627
Waiting list at 31.12.73	25	20

During 1973 referrals rose to the record figure of 115. Parents, teachers and playgroup leaders are becoming increasingly aware of the problems of communication suffered by the children in their care. Because of this concern 40% of the referrals were pre-school children

Altogether 269 children made 1642 attendances for assessment of treatment at the Granville House Clinic or at the seven distant schools. Children at Maurepas were seen regularly during the spring and summer terms only and children at Valnord were seen regularly during the autumn term only. However, thanks to the Education Council provision has now been made for a second therapist to attend both these schools weekly. 64 children were discharged after receiving treatment.

Audiometrician's Report (Mrs. J. Goodwin, D.B.O.)

In addition to routine school audio-testing for school medicals and clinical tests for audiology clinics, audiograms have been produced for medical practitioners when requested. It is intended to set aside time each Friday, both during term time and school holidays, for this purpose for the convenience of doctors who need a hearing assessment on their patients with E.N.T. conditions. 48 such audiograms have been sent to doctors this year.

Spring Term 1973

Screening tests	—876	
Re-tests	—120	
Total	—996	
Failures		
Monaural	— 48	= 5.4%
Binaural	— 24	= 2.7%
Total	— 72	= 8.1%

Summer Term 1973

Screening tests	—841	
Re-tests	—137	
Total	—978	
Failures		
Monaural	— 69	= 8.2%
Binaural	— 23	= 2.7%
Total	— 92	=10.9%

Autumn Term 1973

Screening tests	—664	
Re-tests	—129	
Total	—793	
Failures		
Monaural	— 17	= 2.1%
Binaural	— 12	= 1.5%
Total	— 29	= 3.6%

Autumn term percentage of failures is consistently low due to the fact that the group seen during the term is 4th year secondary (14 to 15 year olds). This year it is a very low percentage—perhaps due to the extremely good summer weather.

Eyesight Screening

This is the first term during which Mrs. Goodwin has undertaken eyesight testing in schools. A start has been made with the secondary modern and grammar schools. A quick check is made throughout each school and the failures are then given an appointment to attend a clinic at Lukis House for a more detailed check. When necessary patients are referred to Mr. Neubert for further treatment. So far the following schools have been 'screened':

Girls' Grammar
Boys' Grammar
Les Beaucamps
St. Peter Port

St. Sampsons is still outstanding. It is intended to check the schools at primary and secondary level annually. The infant departments are already dealt with by Mrs. Edwards who sees the new entries each term.

Orthoptic Clinic (Mrs. M. Edwards D.B.O.)

There were 2,012 attendances during the year; there were 66 new cases. 61 children were discharged after appropriate treatment—45 as cured with restored binocular functions, and 16 as cosmetically satisfactory.

One child left the Island to live elsewhere and arrangements were made for a continuation of treatment.

On screening tests for new entrants in school, 87 children were found to have some form of visual defect and were referred for further examination.

Mr. Neubert performed 32 squint operations on children during the year.

Survey amongst the Potential School Leavers

Participation in this survey was on a purely voluntary basis, confidentiality being stressed. It was explained to them that the reason for this survey is to gain a better knowledge of how a 15 year old conducts himself and how he spends his free time. It was remarkable how co-operative the children were and how eagerly they answered the questions put to them. Taking part in this survey were 338 girls and 403 boys—a total of 741 children.

Part-time jobs i.e. Saturdays and after school:

Girls—135 = 39% (in 1972 survey 40%)
Boys—141 = 34% (in 1972 survey 42%)
Total number—276 = 37% (in 1972 survey 41%)

Hobbies

Girls—323 = 95%
Boys—389 = 96%
Total number with hobbies 96%

Some of the children had more than one hobby. Besides the usual hobbies of reading, sports and Scouts or Girl Guides, there are the weight lifters and archers!

Spending Money

This is money spent each week and not money earned.

Girls 25p—90 = 26%
Girls 50p—142 = 42%
£1 or over—89 = 26%

The remaining 6% had no formal pocket money.

Boys 25p—116 = 28%
Boys 50p—170 = 42%
£1 or over—112 = 27%

The remaining 3% had no formal pocket money.

Cooked Meals

1 cooked meal per day (usually teatime)	432	= 58%
2 cooked meals per day (usually lunch and tea)	275	= 37%
3 cooked meals per day	35	= 4%

Smoking

Girls—under 10 cigarettes daily—58 = 17% (in 1972—17%)
between 10 and 20 cigarettes daily—18 = 5% (in 1972—2%)
over 20 cigarettes daily—0 = 0% (in 1972—0.8%)

Boys—under 10 cigarettes daily—68 = 16% (in 1972—22%)
between 10 and 20 cigarettes daily—31 = 7% (in 1972—3%)
over 20 cigarettes daily—2 = 0.4% (in 1972—0.5%)

The total number of girls who smoke—76 = 22% (in 1972—20%)
The total number of boys who smoke—101 = 25% (in 1972—26%)

Future Employment

241 girls knew what their future employment would be = 71%
270 boys knew what their future employment would be = 66%

A total of 511 children or 68% of those questioned knew what they wanted to do when they left school.

Spot checks on cross sections from the potential school leavers from the ten secondary/grammar schools participating in this survey indicate fewer children in part-time employment this year as compared with 1972 (37% against 41%) and pocket money averaging out at 50p per week. This year the questioners (the School Nurses) gained the impression that less money was being spent on crisps, sweets and such like titbits and more money on their clubs.

The majority of children have one cooked meal per day. There was virtually little difference in the smoking habits of the boys and the girls of 741 children interviewed—2 smoked more than 20 cigarettes a day, 49 between 10 and 20 cigarettes a day and 126 under 10 cigarettes per day. Statistically there is little change in comparison with 1972. 60% of the children questioned stated that one or both parents smoked.

However, there was a refreshingly larger proportion of children with definite ideas on future careers for themselves, than the 'don't knows' (68%).

Enuresis Survey 1973

The School Nurses examined in detail the health questionnaires completed by the parents of the school entrants. They paid particular attention to whether or not the child was still bed wetting. A grand total of 794 questionnaires were looked at—384 were relevant to boys and 410 to girls. The total percentage of children found to be still bed wetting was 10.9% (as compared with 12.7% in 1972). Breaking this down it was found that 10.2% were girls and 11.7% were boys, and whereas indications are that the incidence is higher amongst children from the more modest homes, generally speaking it appears to be decreasing as the Island's standard of living improves.

During 1973 the duties of the School Medical Services continued to demand efficient and flexible teamwork by doctors, psychiatrist, health visitors, school nurses, speech therapist, orthoptist, audiometrician, educational psychologist and teachers alike. Each and every one is important—all work together for the benefit of the child. Their work load expands with the population and with the various fresh facets of modern school medicine which present themselves as the scope and complexity of the School Medical Service increases.

C. G. WHITE,
School Medical Officer.

REPORT ON SCHOOLS DENTAL SERVICE 1973

During the year the following schools were inspected:

St. Sampson's Infants
St. Sampson's Secondary
Hautes Capelles Infants
Hautes Capelles Juniors
La Chaumiere
St. Saviour's
Delancey
St. Peter Port Secondary
Valnord
Notre Dame
St. Joseph's

This made up a total of 2,821 inspected at school of which 1,487 or 52.7% required treatment. Inspections at the clinic amounted to 3,376 of which 2,324 or 68.8% required treatment. The overall percentage of children requiring treatment was 61.4% and this figure is disappointingly high. It seems that with the greater demands made on the Schools Dental Service in Guernsey due to (a) the high acceptance rate and (b) the lack of free treatment outside the service, we were losing ground in the fight against dental disease. I suggest that the flouridation of the water supplies to the safe level of 1 p.p.m. would reduce the incidence of dental decay by as much as 66% in the 5-8 year olds, in my opinion the most important age developmentally. This would considerably ease our burden, so that we might be able to show some signs of progress against the ravages of dental decay. At the moment with the dental service working to capacity we are not holding our own.

Treatment

The number of children treated amounted to 3,629 and attendances for treatment were 12,078 or 3.3 attendances per child. Repeat courses of treatment were kept to a minimum but obviously cannot be eliminated as in the case of the caries prone child or orthodontic surveillance.

Conservation

The number of permanent teeth filled compared to deciduous teeth was a little less than 6.1 a large proportion of the permanent fillings being inserted in 6 year molars which had decayed in under two years from eruption.

Extractions

The number of permanent teeth filled to those extracted was about 7.1 and deciduous extractions were slightly down at 2,462.

General Anaesthetics

The number of general anaesthetics administered remained fairly constant. As well as being the anaesthetic of choice where multiple extractions are necessary a general anaesthetic is essential where infection precludes the use of local anaesthetic.

Dentures

These amounted to 19 as compared to 28 last year and were inserted where there was gross neglect of the mouth and conservation was not indicated.

Orthodontic

Appliances fitted amounted to 75 and were for the simpler cases treatable by removable appliances. On the recommendation of Mr. Rodgers two consultant orthodontists on the mainland were contacted, with a view to obtaining their advice in the more difficult cases. One of them Mr. G. Dickson, BChD, FDS, DOrth, has consented to give us advice on any models which we send to him.

Premises

The noise problem at the clinic especially during a general anaesthetic session, needs to be rectified, in order that our young patients are not subjected to any more stress than is necessary whilst waiting for treatment. I am of the opinion that we will be unable to solve the problem completely due to the thinness of the walls in the existing premises. However an extension incorporating a separate anaesthetic surgery as far away from the waiting room as possible, would help reduce the noise level and would mean that gas machine equipment could be kept in one surgery and not be moved from surgery to surgery as at present.

DONALD HEARNE,
Principal Dental Officer.

Dental inspection and treatment carried out by the Authority during the year 1973.

No. of Pupils on the Registers of Maintained Primary and Secondary Schools: 8,100.

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(a) at school inspections	2821	
	(b) at clinic	3376	Total 6197
(2)	Number found to require treatment		3811
(3)	Number actually treated		3629
(4)	Number of attendances made by pupils for treatment		12078
(5)	Number of patients made dentally fit		3035
(6)	Sessions devoted to		
	(a) school inspections	24	
	(b) treatment	1399	Total 1423
(7)	Fillings		
	(a) permanent teeth	6603	
	(b) temporary teeth	1361	Total 7964
(8)	Extractions		
	(a) permanent teeth	971	
	(b) temporary teeth	2462	Total 3433
(9)	Number of general anaesthetics given for extractions		1353
(10)	Number of dentures provided		19
(11)	Number of crowns fitted		68
(12)	Number of root canal treatments		320
(13)	Other operations		
	(a) permanent teeth	708	
	(b) temporary teeth	123	Total 831
(14)	Orthodontics		
	(a) cases commenced during the year		56
	(b) cases completed during the year		52
	(c) cases discontinued during the year		3
	(d) number of appliances fitted		75

Totals for 3 surgeries.

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